



# *HE*ALTH & HEALTH CARE OF THE MEDICARE POPULATION

DATA FROM THE 1993 MEDICARE  
CURRENT BENEFICIARY SURVEY

*by Mary A. Laschober*

*Prepared By Westat*

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# HEALTH & HEALTH CARE OF THE MEDICARE POPULATION

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CURRENT BENEFICIARY SURVEY

NOVEMBER 1997

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## INTRODUCTION



*Health and Health Care of the Medicare Population: Data from the 1993 Medicare Current Beneficiary Survey* is the second in a series of sourcebooks presenting valuable information about the Medicare population. The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of approximately 15,000 aged and disabled Medicare beneficiaries. The MCBS is sponsored by the Health Care Financing Administration (HCFA), under the general direction of its Office of the Actuary. During the first 10 years of the survey, data are being collected through contracts with Westat, a survey research organization with offices in Rockville, Maryland.

The Medicare Current Beneficiary Survey continues to be the only comprehensive source of information on the health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of the entire spectrum of aged, disabled, and institutionalized Medicare beneficiaries. The 1993 MCBS sample reflects a cross-section of all persons entitled to Medicare in calendar year 1993. The sample includes beneficiaries who resided in households (referred to as community settings in the sourcebook) or long-term care institutions, beneficiaries who were enrolled in Medicare for all of 1993 or for only part of the year, people eligible for Medicare due to their age or because they had a long-term disability or end-stage renal disease, and beneficiaries who died in 1993.

Unlike other sources of data on the Medicare population, beneficiaries report personal health care expenditures for many types of health services not typically covered by the Medicare program, including prescription drugs, dental care, hearing aids, eyeglasses, and use of a broad range of long-term care facilities. The MCBS files also contain information on supplemental health insurance plans held by Medicare beneficiaries. The data indicate sources of payments (and the amount each source paid) for all of their medical care use. Sources of payment include private employer-spon-

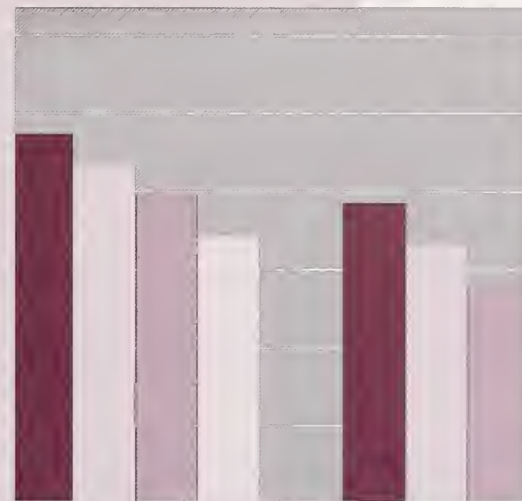
sored insurance, individually-purchased (Medigap) insurance, Medicare-contracting and private Health Maintenance Organizations, public programs such as Medicaid, beneficiary out-of-pocket payments, and payments made by the Medicare program.

Data from the MCBS are released to the public in annual “access to care” and “cost and use” public use files (PUFs). The Access to Care PUFs—available for calendar years 1991 through 1995—contain information on beneficiary access to medical providers, satisfaction with their health care, indicators of their health status and functioning, and demographic and financial characteristics. The Access to Care PUFs also provide Medicare program expenditures for beneficiaries who were enrolled in Medicare for the entire calendar year and who lived in a community setting. The Cost and Use PUFs—available for calendar years 1992 through 1994—include much of the data from the Access to Care files (e.g., demographic information and beneficiary self-perceived health status and functioning) and contain detailed information on health insurance coverage and income. The focus of the Cost and Use files, however, is personal health care use and expenditures for Medicare-covered and noncovered services by the Medicare population, as well as sources of payment for this population’s health care expenses.

In contrast to the 1992 MCBS sourcebook, the 1993 MCBS sourcebook contains only the detailed table section. The detailed tables present a compilation of data from the 1993 Access to Care and 1993 Cost and Use public use files, highlighting demographic and socioeconomic characteristics of the Medicare population; indicators of health status and functioning; beneficiary health care use, cost, and sources of payment; and indicators of beneficiary access to and satisfaction with health care. Appendix A describes the structure of the MCBS public use files, the calculation of standard errors, and sample design. Appendix B is a glossary of terms and variables used in the detailed tables.







DETAILED  
TABLES FROM  
THE MEDICARE  
CURRENT  
BENEFICIARY  
SURVEY DATA

**Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1993 (4 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
<b>Beneficiaries (in 000s)</b>	37,601	34,959	1,977	666
	25	83	71	40
Beneficiaries as a Percent of Column Total				
<b>Medicare Status<sup>1</sup></b>				
<b>Aged</b>				
65 - 74 years	51.15	53.98	13.04	15.91
	0.15	0.18	1.60	2.30
75 - 84 years	28.42	28.18	29.08	38.71
	0.13	0.19	1.59	3.02
85 years and older	9.88	7.43	42.85	40.70
	0.07	0.14	1.73	3.04
<b>Disabled</b>				
Under 45 years	3.78	3.61	7.26	2.48
	0.05	0.07	0.68	0.62
45 - 64 years	6.77	6.80	7.76	2.19
	0.10	0.12	0.87	0.76
<b>Gender by Age</b>				
<b>Male</b>	42.81	43.54	29.90	42.46
	0.12	0.16	1.58	2.60
<b>Aged</b>				
65 - 74 years	22.89	24.12	5.62	9.51
	0.11	0.14	1.04	1.87
75 - 84 years	10.82	10.84	8.42	17.04
	0.09	0.12	1.04	2.05
85 years and older	2.71	2.29	6.62	13.10
	0.05	0.07	0.71	1.53
<b>Disabled</b>				
Under 45 years	2.40	2.29	4.58	1.84
	0.06	0.07	0.50	0.61
45 - 64 years	3.98	4.00	4.67	0.97
	0.08	0.10	0.64	0.49

**Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1993 (4 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
<b>Beneficiaries (in 000s)</b>	37,601	34,959	1,977	666
	25	83	71	40
<b>Beneficiaries as a Percent of Column Total</b>				
<b>Female</b>	57.19	56.46	70.10	57.54
	0.12	0.16	1.58	2.60
<b>Aged</b>				
65 - 74 years	28.26	29.85	7.42	6.41
	0.13	0.15	1.14	1.50
75 - 84 years	17.60	17.35	20.67	21.67
	0.10	0.15	1.14	2.33
85 years and older	7.17	5.14	36.23	27.60
	0.05	0.13	1.70	2.74
<b>Disabled</b>				
Under 45 years	1.38	1.32	2.69	0.64
	0.05	0.06	0.46	0.34
45 - 64 years	2.79	2.80	3.10	1.23
	0.08	0.09	0.60	0.57
<b>Race/Ethnicity by Age<sup>2</sup></b>				
<b>White non-Hispanic</b>	83.73	83.42	88.07	87.19
	0.52	0.54	1.27	2.13
<b>Aged</b>				
65 - 74 years	43.32	45.75	10.39	11.54
	0.31	0.34	1.35	2.19
75 - 84 years	24.40	24.15	25.52	34.07
	0.24	0.26	1.63	3.00
85 years and older	8.56	6.28	39.74	37.73
	0.12	0.16	1.72	2.90
<b>Disabled</b>				
Under 45 years	2.56	2.39	5.93	1.64
	0.07	0.09	0.64	0.55
45 - 64 years	4.89	4.85	6.49	2.21
	0.13	0.14	0.80	0.77

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1993 (4 pages)

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	37,601	34,959	1,977	666
	25	83	71	40
Beneficiaries as a Percent of Column Total				
Black non-Hispanic	9.05	9.10	8.29	8.78
	0.13	0.15	1.20	1.83
Aged				
65 - 74 years	4.35	4.49	2.12	3.35
	0.12	0.12	0.76	1.38
75 - 84 years	2.09	2.06	2.33	3.39
	0.07	0.07	0.43	1.22
85 years and older	0.73	0.64	1.90	1.71
	0.04	0.04	0.39	0.65
Disabled				
Under 45 years	0.76	0.77	0.84	0.33
	0.04	0.05	0.27	0.26
45 - 64 years	1.13	1.15	1.10	0.00
	0.08	0.08	0.44	0.00
Hispanic	5.45	5.68	1.95	3.35
	0.47	0.49	0.51	1.13
Aged				
65 - 74 years	2.64	2.79	0.37	1.11
	0.25	0.27	0.21	0.68
75 - 84 years	1.41	1.49	0.31	0.62
	0.20	0.22	0.18	0.70
85 years and older	0.42	0.38	0.86	1.24
	0.07	0.07	0.31	0.75

**Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1993 (4 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
<b>Beneficiaries (in 000s)</b>	37,601	34,959	1,977	666
	25	83	71	40
<b>Beneficiaries as a Percent of Column Total</b>				
<b>Disabled</b>				
Under 45 years	0.37	0.38	0.32	0.39
	0.06	0.06	0.14	0.27
45 - 64 years	0.60	0.64	0.09	0.00
	0.07	0.08	0.10	0.00

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

2 Race/ethnicity percentages do not add to 100 percent because the category "Other Race/Ethnicity" is not included as a category in the table, although it is included in the total.



**Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 1993 (3 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,601	3,966	19,233	10,686	3,716	2,400	8,607	4,068	1,019	16,095	1,566	10,626	6,617	2,697	21,506
	25	34	55	50	27	26	42	33	18	46	25	48	38	20	49
Beneficiaries as a Percent of Column Total															
<b>Marital Status</b>															
Married	54.12	40.78	66.56	47.55	22.79	45.20	79.80	71.95	55.39	71.12	34.01	55.83	32.53	10.45	41.40
	0.45	1.05	0.78	0.84	0.97	1.49	1.05	1.16	2.48	0.64	1.89	1.17	1.07	0.86	0.65
Widowed	29.77	7.14	20.10	42.14	68.52	3.21	7.45	18.05	36.14	11.31	13.16	30.34	56.96	80.78	43.59
	0.45	0.77	0.74	0.85	1.07	0.65	0.61	1.07	2.39	0.48	1.64	1.16	1.12	1.05	0.64
Divorced/separated	8.67	19.51	9.13	5.71	3.21	18.64	8.27	5.80	3.69	8.90	20.84	9.83	5.66	3.03	8.49
	0.28	1.03	0.46	0.39	0.39	1.43	0.67	0.54	0.86	0.44	1.64	0.62	0.52	0.41	0.36
Never married	7.44	32.57	4.21	4.60	5.48	32.94	4.48	4.20	4.78	8.66	31.99	4.00	4.85	5.75	6.52
	0.29	1.06	0.33	0.42	0.51	1.34	0.49	0.59	1.20	0.41	1.81	0.40	0.53	0.60	0.33
<b>Living Arrangement</b>															
<b>Community</b>															
Lives alone	23.80	15.04	19.54	31.02	34.46	13.57	11.14	15.78	21.65	13.34	17.30	26.34	40.38	39.29	31.62
	0.38	0.90	0.63	0.71	1.24	1.00	0.82	1.02	2.00	0.53	1.67	1.01	1.11	1.55	0.67
With spouse	53.12	40.52	66.06	46.08	19.63	45.68	79.32	69.99	49.26	70.05	32.62	55.32	31.38	8.46	40.44
	0.41	1.08	0.75	0.82	0.91	1.52	1.05	1.23	2.35	0.63	1.82	1.09	1.06	0.80	0.61
With children	9.75	10.41	7.60	11.12	16.29	5.57	3.38	5.11	9.84	4.55	17.84	11.02	14.82	18.71	13.65
	0.30	0.81	0.42	0.52	1.00	0.79	0.42	0.55	1.26	0.29	1.60	0.70	0.75	1.29	0.45
With others	8.08	26.53	5.46	6.40	6.75	27.57	4.87	5.03	6.34	8.39	24.94	5.94	7.24	6.90	7.84
	0.26	1.19	0.37	0.38	0.71	1.50	0.52	0.54	1.50	0.38	2.03	0.46	0.53	0.76	0.35
<b>Long-Term Care Facility</b>															
	5.26	7.49	1.34	5.39	22.88	7.61	1.29	4.09	12.91	3.68	7.30	1.38	6.18	26.63	6.45
	0.19	0.66	0.19	0.37	0.91	0.75	0.26	0.56	1.44	0.27	1.03	0.23	0.40	1.24	0.23
<b>Race/Ethnicity</b>															
White non-Hispanic	83.73	70.72	84.62	85.91	86.69	71.23	84.92	85.17	84.92	82.94	69.94	84.37	86.36	87.37	84.31
	0.52	1.20	0.61	0.68	1.06	1.63	0.91	1.03	1.36	0.70	1.59	0.66	0.69	1.26	0.52
Black non-Hispanic	9.05	17.95	8.49	7.37	7.32	17.45	8.08	7.15	6.60	9.15	18.72	8.82	7.51	7.59	8.98
	0.13	0.80	0.22	0.22	0.37	0.95	0.28	0.39	0.75	0.24	1.19	0.38	0.28	0.35	0.19
Hispanic	5.45	9.28	5.15	4.98	4.24	9.30	5.33	5.52	6.61	6.05	9.26	5.01	4.65	3.35	5.00
	0.47	0.86	0.48	0.69	0.74	1.45	0.75	0.94	1.16	0.64	1.17	0.47	0.65	0.78	0.43
Other	1.77	2.05	1.75	1.74	1.74	2.02	1.68	2.17	1.87	1.86	2.08	1.80	1.48	1.69	1.71
	0.16	0.41	0.25	0.22	0.41	0.54	0.40	0.35	0.66	0.27	0.61	0.29	0.26	0.58	0.18



**Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 1993 (3 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,601	3,966	19,233	10,686	3,716	2,400	8,607	4,068	1,019	16,095	1,566	10,626	6,617	2,697	21,506
	25	34	55	50	27	26	42	33	18	46	25	48	38	20	49
Beneficiaries as a Percent of Column Total															
<b>Schooling</b>															
0 - 8 years	26.41	26.56	21.10	30.32	44.03	26.63	23.03	32.98	50.43	27.73	26.44	19.53	28.67	41.53	25.41
	0.66	1.38	0.77	1.09	1.40	1.79	1.06	1.48	2.86	0.83	1.83	0.89	1.31	1.50	0.75
9 - 11 years	16.25	20.08	15.27	17.35	14.04	21.30	14.36	14.60	11.72	15.27	18.18	16.01	19.04	14.95	16.98
	0.42	1.00	0.55	0.62	0.94	1.39	0.80	1.00	1.36	0.61	1.62	0.74	0.77	1.19	0.51
12 years	31.75	33.93	34.62	28.95	21.82	33.01	29.05	26.07	16.43	28.11	35.36	39.13	30.73	23.93	34.49
	0.62	1.52	0.82	0.80	1.36	1.83	1.19	1.11	2.08	0.81	2.07	1.05	1.05	1.48	0.75
13 - 15 years	13.34	13.37	14.91	11.45	10.31	14.02	13.89	10.93	9.65	12.90	12.36	15.74	11.77	10.56	13.67
	0.45	1.06	0.65	0.59	0.70	1.40	0.87	0.94	1.53	0.64	1.40	0.87	0.70	0.81	0.51
16 or more years	12.26	6.07	14.10	11.93	9.80	5.04	19.67	15.42	11.76	15.98	7.66	9.60	9.78	9.03	9.45
	0.41	0.72	0.60	0.68	0.79	1.02	0.92	1.18	2.09	0.65	1.22	0.68	0.70	0.90	0.44
<b>Income</b>															
Less than \$2,500	2.46	2.97	2.12	2.71	3.02	3.14	1.78	2.40	2.73	2.20	2.70	2.39	2.90	3.14	2.66
	0.18	0.46	0.24	0.28	0.39	0.56	0.34	0.43	0.81	0.25	0.71	0.32	0.42	0.45	0.23
\$2,500 - \$4,999	3.22	6.60	1.94	3.18	6.34	5.32	1.08	1.95	3.21	2.07	8.56	2.64	3.94	7.52	4.08
	0.17	0.76	0.24	0.28	0.55	0.80	0.24	0.37	0.67	0.23	1.39	0.36	0.34	0.72	0.21
\$5,000 - \$7,499	16.29	31.53	10.95	16.40	27.39	29.89	6.92	8.06	15.11	11.15	34.04	14.21	21.52	32.03	20.14
	0.35	1.05	0.51	0.76	1.02	1.27	0.66	0.66	1.42	0.42	1.50	0.72	1.07	1.27	0.49
\$7,500 - \$9,999	12.24	14.83	10.03	13.53	17.18	15.08	8.05	8.99	15.68	9.82	14.45	11.64	16.33	17.75	14.05
	0.34	0.87	0.52	0.62	1.00	1.11	0.64	0.82	1.80	0.42	1.48	0.76	0.79	1.14	0.47
\$10,000 - \$14,999	18.37	16.17	17.37	20.58	19.53	17.22	15.59	21.41	21.34	17.67	14.57	18.81	20.07	18.85	18.89
	0.42	1.05	0.53	0.76	1.01	1.36	0.75	1.15	1.76	0.55	1.45	0.85	0.94	1.08	0.52
\$15,000 - \$19,999	13.47	8.37	15.37	13.54	8.89	9.02	15.83	14.87	12.71	14.37	7.37	15.00	12.72	7.44	12.80
	0.40	0.74	0.60	0.55	0.63	0.88	0.88	0.92	1.50	0.59	1.24	0.80	0.74	0.64	0.51
\$20,000 - \$24,999	10.53	6.15	12.88	9.51	5.99	6.48	14.99	13.52	8.53	12.94	5.65	11.18	7.04	5.02	8.73
	0.35	0.64	0.53	0.53	0.56	0.84	0.93	0.86	1.35	0.63	0.91	0.62	0.58	0.67	0.38
\$25,000 - \$29,999	5.44	3.09	6.58	5.25	2.62	3.23	7.53	6.39	3.35	6.33	2.88	5.81	4.55	2.35	4.77
	0.26	0.53	0.43	0.33	0.40	0.62	0.57	0.61	0.71	0.33	0.73	0.56	0.43	0.47	0.35
\$30,000 or more	17.97	10.28	22.77	15.30	9.04	10.61	28.23	22.40	17.35	23.44	9.78	18.34	10.94	5.90	13.88
	0.53	0.80	0.78	0.72	0.81	1.01	1.14	1.26	1.78	0.80	1.20	0.95	0.77	0.75	0.56

**Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 1993 (3 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,601	3,966	19,233	10,686	3,716	2,400	8,607	4,068	1,019	16,095	1,566	10,626	6,617	2,697	21,506
	25	34	55	50	27	26	42	33	18	46	25	48	38	20	49
Metropolitan Area Resident															
Yes	73.91	72.13	74.64	73.48	73.28	70.56	73.53	71.38	75.24	72.65	74.55	75.55	74.77	72.54	74.86
	0.26	0.75	0.42	0.35	0.40	1.36	0.72	0.96	2.02	0.48	1.53	0.60	0.58	0.80	0.43
No	26.09	27.87	25.36	26.52	26.72	29.44	26.47	28.62	24.76	27.35	25.45	24.45	25.23	27.46	25.14
	0.26	0.75	0.42	0.35	0.40	1.36	0.72	0.96	2.02	0.48	1.53	0.60	0.58	0.80	0.43

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

**Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (3 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 000s)</b>	37,601	2,791	16,240	9,145	3,209	31,385	708	1,629	785	271	3,393	366	989	530	157	2,042
	25	57	125	85	43	192	32	43	25	14	47	34	93	73	27	178
<b>Beneficiaries as a Percent of Column Total</b>																
<b>Gender</b>																
Male	42.81	60.99	44.88	37.77	26.93	42.41	58.87	42.57	36.93	24.80	43.25	60.65	46.25	42.23	42.81	47.52
	0.12	0.83	0.32	0.31	0.48	0.20	1.92	1.49	1.63	2.17	0.93	5.81	3.65	3.41	5.96	2.09
Female	57.19	39.01	55.12	62.23	73.07	57.59	41.13	57.43	63.07	75.20	56.75	39.35	53.75	57.77	57.19	52.48
	0.12	0.83	0.32	0.31	0.48	0.20	1.92	1.49	1.63	2.17	0.93	5.81	3.65	3.41	5.96	2.09
<b>Marital Status</b>																
Married	54.12	43.92	69.44	49.02	22.74	56.46	23.90	44.68	32.42	14.16	35.10	52.50	59.16	48.09	33.69	53.13
	0.45	1.28	0.80	0.91	1.06	0.52	2.61	2.71	2.52	2.60	1.53	4.22	3.48	3.90	5.71	1.90
Widowed	29.77	6.85	18.65	41.20	68.99	29.31	9.42	31.67	54.27	75.35	35.73	3.31	21.34	38.19	47.87	24.55
	0.45	0.83	0.77	0.92	1.23	0.51	2.03	2.05	2.18	3.15	1.27	2.06	3.02	4.13	7.03	1.65
Divorced/ separated	8.67	16.93	7.92	5.06	2.73	7.36	29.55	16.97	9.10	6.29	16.92	18.38	16.86	9.86	9.25	14.72
	0.28	1.06	0.47	0.38	0.38	0.28	2.72	1.98	1.87	2.48	1.15	2.96	2.67	2.67	3.20	1.64
Never married	7.44	32.30	3.99	4.72	5.54	6.88	37.13	6.68	4.21	4.20	12.25	25.81	2.64	3.86	9.20	7.60
	0.29	1.25	0.36	0.47	0.57	0.30	2.41	1.34	1.03	1.48	0.92	3.13	1.18	1.01	3.91	0.94
<b>Living Arrangement</b>																
<b>Community</b>																
Lives alone	23.80	14.16	19.28	32.50	36.02	24.38	20.68	22.44	25.54	26.68	23.13	8.44	19.30	17.05	25.16	17.20
	0.38	1.09	0.68	0.80	1.37	0.42	2.35	1.84	2.30	3.34	1.11	2.14	3.08	2.71	5.29	1.61
With spouse	53.12	44.05	69.11	47.39	19.45	55.49	22.40	44.37	32.62	13.59	34.61	51.60	56.64	47.70	29.26	51.35
	0.41	1.31	0.76	0.88	0.94	0.47	2.64	2.65	2.47	2.62	1.45	4.14	3.73	3.97	5.74	1.97
With children	9.75	7.58	5.94	9.73	14.83	8.10	21.10	17.51	17.18	27.25	18.96	11.92	15.04	23.04	24.54	17.27
	0.30	0.73	0.40	0.55	1.09	0.32	2.57	2.04	1.72	3.57	1.13	3.40	2.47	3.19	4.06	1.67
With others	8.08	25.59	4.43	4.96	5.63	6.59	30.50	13.17	18.86	18.91	18.56	25.84	8.31	11.07	10.16	12.32
	0.26	1.45	0.38	0.41	0.75	0.30	2.45	1.84	2.29	3.26	1.09	2.90	2.18	2.80	3.71	1.17
<b>Long-Term Care Facility</b>																
	5.26	8.62	1.24	5.41	24.06	5.44	5.32	2.52	5.80	13.57	4.74	2.20	0.72	1.13	10.88	1.86
	0.19	0.80	0.18	0.40	1.03	0.20	1.45	0.90	1.04	2.58	0.72	0.91	0.42	0.67	3.73	0.47



Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (3 pages)

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,601	2,791	16,240	9,145	3,209	31,385	708	1,629	785	271	3,393	366	989	530	157	2,042
	25	57	125	85	43	192	32	43	25	14	47	34	93	73	27	178
Beneficiaries as a Percent of Column Total																
<b>Schooling</b>																
0 - 8 years	26.41	23.49	16.65	25.59	40.58	22.14	27.66	41.06	57.29	67.99	44.05	46.62	57.32	67.33	71.65	59.04
	0.66	1.62	0.70	1.07	1.56	0.63	2.37	2.32	3.30	4.47	1.51	4.81	3.36	5.29	6.74	3.17
9 - 11 years	16.25	18.96	14.64	18.11	13.97	15.96	24.63	24.13	16.42	16.63	21.89	18.48	11.69	9.34	3.56	11.71
	0.42	1.11	0.57	0.66	0.99	0.43	2.63	2.46	2.19	3.48	1.38	5.13	2.33	2.15	2.08	1.82
12 years	31.75	35.41	37.37	31.44	23.56	34.15	34.53	20.21	13.78	7.90	20.78	23.28	16.58	12.46	10.94	16.30
	0.62	1.91	0.88	0.84	1.49	0.68	3.33	1.98	2.19	2.29	1.45	5.32	2.80	2.47	3.59	1.46
13 - 15 years	13.34	14.66	15.80	12.30	11.21	14.24	10.36	8.66	6.20	2.87	8.01	9.46	8.36	4.42	8.37	7.54
	0.45	1.32	0.78	0.66	0.82	0.54	2.00	1.45	1.45	1.37	0.89	2.43	1.97	1.70	3.35	1.26
16 or more years	12.26	7.48	15.55	12.55	10.67	13.51	2.83	5.94	6.32	4.61	5.28	2.16	6.05	6.44	5.49	5.42
	0.41	0.91	0.74	0.76	0.91	0.51	0.96	1.23	1.48	2.21	0.70	1.63	1.68	2.21	2.84	1.21
<b>Income</b>																
Less than \$2,500	2.46	2.12	1.87	2.47	3.08	2.20	4.89	3.84	2.31	3.37	3.67	5.36	3.44	6.25	1.07	4.33
	0.18	0.45	0.24	0.29	0.41	0.18	1.06	1.14	0.69	1.18	0.58	1.92	1.22	1.80	1.14	0.89
\$2,500 - \$4,999	3.22	5.69	1.05	2.12	5.34	2.21	6.86	7.82	7.62	8.88	7.66	14.78	6.32	13.71	20.13	10.82
	0.17	0.75	0.21	0.25	0.56	0.16	1.61	1.72	1.38	2.20	0.91	3.53	1.35	3.32	5.60	1.55
\$5,000 - \$7,499	16.29	28.38	8.29	13.50	24.39	13.24	42.32	25.88	38.05	54.44	34.41	30.14	26.30	27.26	38.87	28.20
	0.35	1.09	0.50	0.82	1.06	0.36	2.72	2.31	2.98	3.94	1.71	4.74	2.57	3.37	8.78	2.30
\$7,500 - \$9,999	12.24	14.64	8.97	12.81	17.39	11.45	16.16	16.71	13.94	16.02	15.90	14.11	17.44	23.30	15.55	18.22
	0.34	1.13	0.51	0.65	1.11	0.36	1.76	1.95	2.39	2.95	1.13	2.44	2.37	3.36	4.88	1.49
\$10,000 - \$14,999	18.37	17.05	16.90	21.54	21.21	18.70	13.72	17.84	16.76	7.49	15.90	13.51	21.22	11.42	8.91	16.35
	0.42	1.24	0.58	0.82	1.13	0.44	2.24	2.12	2.39	2.24	1.32	3.15	2.75	2.08	3.49	1.68
\$15,000 - \$19,999	13.47	9.14	16.22	14.41	9.82	14.41	5.32	10.34	9.31	4.93	8.62	10.04	10.60	5.17	1.15	8.36
	0.40	0.89	0.65	0.63	0.72	0.45	1.60	1.77	2.08	2.00	1.17	2.37	2.36	1.76	1.01	1.50
\$20,000 - \$24,999	10.53	6.74	13.87	10.24	5.96	11.37	3.28	7.98	5.85	2.55	6.07	7.26	5.30	3.51	4.06	5.09
	0.35	0.72	0.55	0.60	0.57	0.37	1.03	1.56	1.67	1.31	0.98	2.89	1.36	1.49	2.42	0.96
\$25,000 - \$29,999	5.44	3.95	7.34	5.84	2.78	6.14	0.77	3.27	2.18	0.77	2.29	1.89	1.91	1.91	3.93	2.06
	0.26	0.69	0.48	0.38	0.45	0.28	0.52	0.98	0.83	0.75	0.48	1.35	0.97	1.25	2.31	0.69
\$30,000 or more	17.97	12.29	25.49	17.06	10.03	20.28	6.68	6.32	3.99	1.55	5.47	2.91	7.49	7.46	6.33	6.57
	0.53	0.98	0.85	0.83	0.91	0.59	1.73	1.35	1.03	1.00	0.81	1.60	2.06	2.09	3.23	1.34

**Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (3 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,601	2,791	16,240	9,145	3,209	31,385	708	1,629	785	271	3,393	366	989	530	157	2,042
	25	57	125	85	43	192	32	43	25	14	47	34	93	73	27	178
Beneficiaries as a Percent of Column Total																
Metropolitan Area Resident																
Yes	73.91	69.23	73.33	72.47	73.65	72.75	75.07	76.97	78.76	68.77	76.33	90.29	87.03	80.86	79.86	85.46
	0.26	1.25	0.50	0.57	0.82	0.40	4.04	2.44	2.56	4.17	2.22	3.44	2.88	9.76	10.28	5.10
No	26.09	30.77	26.67	27.53	26.35	27.25	24.93	23.03	21.24	31.23	23.67	9.71	12.97	19.14	20.14	14.54
	0.26	1.25	0.50	0.57	0.82	0.40	4.04	2.44	2.56	4.17	2.22	3.44	2.88	9.76	10.28	5.10

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.

**Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	35,625	596	3,758	3,311	1,276	8,941	1,607	12,706	4,919	727	19,959	1,465	2,511	1,870	853	6,699
	73	37	120	74	48	145	45	152	94	35	153	55	107	68	42	148
Beneficiaries as a Percent of Column Total																
<b>Marital Status</b>																
Married	56.38	3.39	2.58	1.96	2.43	2.38	97.01	98.90	99.03	99.73	98.81	1.69	3.03	1.54	0.69	2.03
	0.49	1.22	0.62	0.42	0.66	0.33	0.63	0.20	0.25	0.33	0.17	0.61	0.77	0.49	0.40	0.36
Widowed	28.51	17.09	60.25	80.06	88.34	68.71	0.65	0.69	0.76	0.27	0.69	11.48	58.26	78.66	89.68	57.74
	0.48	2.71	1.95	1.32	1.31	1.12	0.29	0.16	0.22	0.33	0.13	1.52	2.54	1.72	1.51	1.18
Divorced/ separated	8.73	43.40	25.21	10.50	3.35	17.86	1.95	0.41	0.21	0.00	0.47	30.58	28.38	11.17	5.82	21.19
	0.29	3.31	1.68	1.05	0.75	0.86	0.54	0.11	0.11	0.00	0.09	1.78	2.05	1.27	1.08	0.98
Never married	6.39	36.13	11.96	7.49	5.88	11.05	0.40	0.00	0.00	0.00	0.03	56.26	10.33	8.63	3.81	19.05
	0.29	3.12	1.14	0.87	0.95	0.72	0.19	0.00	0.00	0.00	0.02	2.04	1.39	1.45	0.83	0.91
<b>Race/Ethnicity</b>																
White non-Hispanic	83.49	67.07	83.52	89.87	90.63	85.80	76.67	88.42	88.33	85.65	87.35	63.26	67.48	71.86	76.77	68.97
	0.54	3.10	1.23	0.82	1.11	0.68	2.06	0.64	1.10	2.42	0.64	1.89	1.97	1.63	2.02	1.06
Black non-Hispanic	9.09	24.82	9.75	6.03	5.68	8.79	9.88	5.69	5.19	5.07	5.88	24.95	20.02	15.05	14.66	19.03
	0.14	2.83	0.81	0.53	0.73	0.44	1.25	0.34	0.43	1.02	0.24	1.42	1.45	1.23	1.40	0.75
Hispanic	5.64	5.25	5.09	2.73	3.03	3.93	11.79	4.41	5.16	6.17	5.25	9.46	9.25	9.67	6.23	9.03
	0.49	1.42	0.90	0.59	0.92	0.48	1.46	0.51	0.99	1.23	0.54	1.24	1.40	1.21	1.42	0.80
Other	1.78	2.86	1.64	1.37	0.65	1.48	1.67	1.48	1.32	3.12	1.51	2.34	3.25	3.41	2.33	2.98
	0.16	1.54	0.45	0.38	0.33	0.26	0.56	0.30	0.23	1.77	0.22	0.70	0.85	0.67	0.74	0.41



**Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

**Community Residents<sup>1</sup>**

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	35,625	596	3,758	3,311	1,276	8,941	1,607	12,706	4,919	727	19,959	1,465	2,511	1,870	853	6,699
	73	37	120	74	48	145	45	152	94	35	153	55	107	68	42	148
Beneficiaries as a Percent of Column Total																
<b>Schooling</b>																
0 - 8 years	25.80	22.89	20.75	27.30	39.26	25.94	23.27	18.49	27.18	40.83	21.82	28.26	33.98	43.00	52.63	37.64
	0.68	3.33	1.55	1.53	1.98	1.09	1.83	0.84	1.49	2.89	0.77	2.09	1.87	1.89	2.76	1.10
9 - 11 years	16.38	17.36	14.97	21.56	16.51	17.79	21.38	14.74	15.02	10.01	15.17	21.22	17.97	16.88	16.31	18.15
	0.43	2.41	1.07	1.13	1.61	0.67	1.60	0.67	0.83	2.12	0.59	1.78	1.82	1.52	1.98	0.85
12 years	31.86	33.47	34.85	28.93	22.12	30.76	34.43	35.32	29.93	21.43	33.42	34.97	30.77	25.20	18.66	28.57
	0.64	3.55	1.71	1.30	2.15	1.01	2.10	1.01	1.32	2.20	0.80	1.88	1.97	1.71	1.85	1.02
13 - 15 years	13.57	17.14	18.05	11.31	12.15	14.66	14.68	15.06	13.33	13.18	14.54	10.80	10.16	7.54	7.23	9.19
	0.47	3.04	1.64	1.02	1.43	0.86	1.68	0.79	1.04	1.98	0.64	1.20	1.35	1.12	1.34	0.67
16 or more years	12.39	9.13	11.39	10.90	9.95	10.85	6.24	16.38	14.53	14.55	15.04	4.74	7.12	7.38	5.17	6.44
	0.41	2.14	1.06	1.17	1.38	0.64	1.13	0.78	0.93	2.10	0.59	0.90	1.29	1.15	1.70	0.62
<b>Income</b>																
Less than \$2,500	2.40	2.74	2.36	2.61	3.03	2.58	1.67	1.83	2.28	2.36	1.95	4.61	3.07	3.48	3.20	3.54
	0.19	0.98	0.55	0.45	0.72	0.31	0.55	0.27	0.40	0.99	0.22	0.82	0.83	0.62	0.87	0.40
\$2,500 - \$4,999	2.89	5.51	2.78	3.32	4.97	3.47	2.42	0.70	1.08	1.14	0.95	10.72	5.88	7.15	10.81	7.92
	0.18	2.21	0.55	0.49	0.94	0.31	0.74	0.15	0.27	0.57	0.14	1.36	1.08	1.00	1.57	0.57
\$5,000 - \$7,499	14.78	45.00	22.15	22.62	25.63	24.35	9.70	4.08	4.15	5.22	4.59	44.72	25.75	30.16	33.43	32.11
	0.37	3.30	1.74	1.45	2.04	0.91	1.29	0.42	0.49	1.14	0.32	2.01	1.76	2.01	2.45	0.94
\$7,500 - \$9,999	12.15	21.03	16.21	19.77	19.37	18.30	9.48	6.32	7.51	10.23	7.01	17.54	19.00	18.74	24.37	19.29
	0.36	2.74	1.55	1.32	1.76	0.84	1.19	0.50	0.83	1.57	0.37	1.55	1.78	1.36	2.39	1.03
\$10,000 - \$14,999	18.64	14.39	21.03	24.99	21.20	22.08	22.09	15.55	18.09	24.19	17.02	12.31	21.96	21.37	15.87	18.91
	0.44	2.35	1.32	1.34	1.72	0.88	1.99	0.65	0.96	2.60	0.56	1.40	2.02	1.65	2.03	1.00
\$15,000 - \$19,999	13.85	3.43	12.82	9.69	9.85	10.61	16.45	16.97	18.60	14.08	17.23	2.78	11.80	9.22	4.38	8.16
	0.42	1.08	1.25	0.90	1.23	0.70	1.47	0.84	0.93	1.68	0.68	0.74	1.55	1.03	1.14	0.64
\$20,000 - \$24,999	10.94	3.98	7.19	5.30	5.71	6.07	12.66	16.17	14.94	13.95	15.50	1.15	5.93	4.02	2.21	3.88
	0.36	1.52	0.94	0.63	0.96	0.49	1.46	0.66	0.87	2.30	0.51	0.35	1.12	0.97	0.67	0.52
\$25,000 - \$29,999	5.63	1.34	4.08	3.40	3.13	3.51	5.95	8.27	7.91	5.20	7.88	1.31	2.24	1.79	1.18	1.77
	0.27	0.67	0.69	0.57	0.87	0.41	1.16	0.56	0.61	1.21	0.42	0.37	0.63	0.58	0.53	0.29
\$30,000 or more	18.72	2.57	11.38	8.30	7.11	9.04	19.57	30.11	25.44	23.62	27.88	4.85	4.37	4.06	4.56	4.42
	0.56	1.03	1.32	0.88	1.02	0.64	1.70	1.01	1.21	2.53	0.87	1.10	1.05	0.93	0.98	0.57



**Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

**Community Residents<sup>1</sup>**

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	35,625	596	3,758	3,311	1,276	8,941	1,607	12,706	4,919	727	19,959	1,465	2,511	1,870	853	6,699
	73	37	120	74	48	145	45	152	94	35	153	55	107	68	42	148
Beneficiaries as a Percent of Column Total																
<b>Metropolitan Area Resident</b>																
Yes	74.06	73.32	76.16	71.11	70.66	73.32	67.88	74.21	72.96	75.34	73.44	74.40	75.85	79.42	78.73	76.90
	0.26	2.98	1.46	1.21	1.52	0.73	1.35	0.59	1.06	2.00	0.41	1.41	1.38	1.19	1.93	0.76
No	25.94	26.68	23.84	28.89	29.34	26.68	32.12	25.79	27.04	24.66	26.56	25.60	24.15	20.58	21.27	23.10
	0.26	2.98	1.46	1.21	1.52	0.73	1.35	0.59	1.06	2.00	0.41	1.41	1.38	1.19	1.93	0.76

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

**Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

Male Community Residents<sup>1</sup>

Beneficiary		Lives Alone					Lives with Spouse					Lives with Children/Others				
Characteristic	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	15,504	326	959	641	219	2,145	1,096	6,827	2,844	499	11,267	796	710	412	164	2,081
	65	25	72	42	21	85	38	88	55	25	99	37	59	29	18	74
Beneficiaries as a Percent of Column Total																
Marital Status																
Married	72.85	1.65	2.00	3.79	9.48	3.25	96.75	99.04	99.02	99.60	98.84	1.53	6.84	4.25	3.59	4.04
	0.70	0.88	0.78	1.25	2.87	0.69	0.85	0.24	0.32	0.48	0.22	0.60	2.10	1.76	2.08	0.90
Widowed	11.03	7.73	38.53	63.91	80.17	45.70	0.77	0.47	0.63	0.40	0.54	5.44	32.30	64.10	77.98	31.93
	0.50	2.99	2.63	2.92	3.62	1.77	0.39	0.17	0.26	0.48	0.13	1.44	4.16	4.12	4.90	1.98
Divorced/ separated	8.84	45.23	35.53	20.33	4.08	29.25	2.09	0.49	0.36	0.00	0.59	31.89	46.03	18.16	13.09	32.51
	0.45	4.37	2.79	2.81	1.83	1.64	0.75	0.18	0.19	0.00	0.15	2.68	4.31	3.04	3.84	1.94
Never married	7.29	45.39	23.94	11.97	6.27	21.81	0.38	0.00	0.00	0.00	0.04	61.14	14.83	13.48	5.35	31.51
	0.42	4.46	2.76	2.27	2.18	1.67	0.19	0.00	0.00	0.00	0.02	2.72	3.00	3.34	2.74	1.99
Race/Ethnicity																
White non-Hispanic	82.84	61.78	80.06	90.12	86.39	80.98	76.54	87.56	86.65	86.32	86.20	65.53	64.73	67.56	77.28	66.60
	0.72	3.88	2.84	1.73	3.27	1.66	2.74	0.83	1.30	1.85	0.76	2.41	4.82	3.92	4.96	2.08
Black non-Hispanic	9.14	28.38	12.94	7.45	4.21	12.73	10.12	6.03	5.37	5.13	6.23	23.71	21.87	17.46	15.51	21.19
	0.24	3.78	2.25	1.40	1.79	1.36	1.29	0.43	0.50	1.23	0.30	2.06	2.93	3.19	3.61	1.35
Hispanic	6.14	6.07	6.35	2.13	6.42	5.05	11.46	4.77	5.96	6.54	5.80	8.97	9.64	9.16	7.21	9.09
	0.65	1.94	1.91	0.98	2.73	1.01	2.24	0.62	1.18	1.39	0.65	1.37	3.61	2.42	3.26	1.44
Other	1.88	3.77	0.64	0.30	2.97	1.25	1.88	1.64	2.01	2.01	1.77	1.79	3.76	5.81	0.00	3.11
	0.28	2.66	0.47	0.29	1.74	0.49	0.78	0.47	0.39	0.94	0.33	0.58	1.57	2.03	0.00	0.70

**Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

**Male Community Residents<sup>1</sup>**

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	15,504	326	959	641	219	2,145	1,096	6,827	2,844	499	11,267	796	710	412	164	2,081
	65	25	72	42	21	85	38	88	55	25	99	37	59	29	18	74
Beneficiaries as a Percent of Column Total																
<b>Schooling</b>																
0 - 8 years	27.32	22.92	26.24	39.37	48.69	31.96	24.07	21.32	28.53	45.86	24.48	28.26	34.60	54.37	60.14	38.09
	0.84	4.55	3.24	2.97	5.54	2.04	2.67	1.20	1.89	3.82	1.03	2.47	3.54	4.15	6.83	1.76
9 - 11 years	15.25	15.43	16.59	18.23	16.97	16.95	23.26	13.64	14.59	9.09	14.62	22.38	16.76	8.26	13.59	16.95
	0.62	2.92	2.75	2.39	3.65	1.53	2.29	0.88	1.13	1.67	0.75	2.46	3.27	2.11	3.68	1.50
12 years	28.16	38.68	24.17	20.35	17.27	24.51	31.17	29.79	27.88	17.17	28.89	34.64	28.34	20.51	12.84	27.97
	0.83	4.88	3.20	2.84	3.85	1.86	2.82	1.28	1.45	2.64	0.93	2.78	3.31	3.59	4.36	1.68
13 - 15 years	13.09	16.00	17.21	9.69	7.22	13.76	15.57	13.72	11.74	13.80	13.40	11.19	12.72	8.53	4.25	10.66
	0.65	3.67	3.30	2.20	2.66	1.75	2.09	1.01	1.31	2.72	0.78	1.62	2.63	2.55	2.41	1.15
16 or more years	16.18	6.97	15.79	12.36	9.85	12.83	5.93	21.54	17.25	14.09	18.61	3.54	7.59	8.33	9.18	6.33
	0.66	1.94	2.51	2.07	2.91	1.35	1.84	1.16	1.46	2.73	0.86	1.02	2.53	2.27	7.19	1.15
<b>Income</b>																
Less than \$2,500	2.10	4.56	1.19	1.90	2.43	2.04	1.58	1.47	1.90	2.47	1.63	5.09	5.39	3.81	2.14	4.70
	0.25	1.68	0.68	0.88	1.43	0.51	0.59	0.35	0.42	1.32	0.28	1.05	1.95	1.46	1.57	0.81
\$2,500 - \$4,999	1.88	4.72	2.86	3.01	5.35	3.44	1.41	0.48	0.88	0.72	0.68	9.76	3.51	6.81	6.22	6.77
	0.24	2.64	1.25	1.11	2.50	0.77	0.61	0.13	0.31	0.51	0.16	1.74	1.31	2.44	2.62	0.86
\$5,000 - \$7,499	10.05	45.52	21.21	15.03	16.05	22.53	11.29	3.64	3.83	5.67	4.52	42.03	14.45	19.19	24.74	26.74
	0.42	4.45	3.29	2.15	3.78	1.85	1.67	0.55	0.51	1.46	0.40	2.67	2.94	3.24	5.31	1.38
\$7,500 - \$9,999	9.66	22.25	13.86	14.74	21.41	16.17	9.41	5.81	6.42	11.95	6.58	19.92	20.21	17.05	22.52	19.65
	0.45	3.44	2.63	2.41	4.31	1.54	1.52	0.61	0.90	2.10	0.46	2.36	3.52	2.85	6.84	1.84
\$10,000 - \$14,999	17.83	12.86	12.76	30.65	22.49	19.12	23.97	15.15	18.26	21.33	17.07	11.62	24.66	30.55	22.28	20.66
	0.57	2.76	2.31	2.87	3.72	1.54	2.52	0.96	1.25	2.76	0.73	1.90	3.74	3.84	5.81	1.53
\$15,000 - \$19,999	14.66	3.58	16.67	14.44	11.68	13.51	16.60	15.89	16.49	15.10	16.08	2.76	14.66	7.27	9.53	8.24
	0.61	1.52	2.83	2.48	3.25	1.49	1.70	0.95	1.19	2.10	0.72	1.11	3.34	1.91	3.40	1.34
\$20,000 - \$24,999	13.25	2.72	9.68	6.16	8.49	7.45	12.57	16.67	16.32	11.03	15.93	1.11	8.40	6.22	3.41	4.79
	0.65	1.78	2.47	1.51	2.57	1.46	1.68	1.04	1.11	2.13	0.77	0.48	2.18	2.00	1.89	0.95
\$25,000 - \$29,999	6.47	1.40	6.44	3.80	3.06	4.54	5.25	8.15	7.56	5.09	7.58	1.94	3.47	2.35	1.24	2.49
	0.34	0.96	2.00	1.29	1.71	1.00	1.19	0.60	0.78	1.22	0.42	0.64	1.68	1.26	1.24	0.59
\$30,000 or more	24.09	2.39	15.34	10.28	9.03	11.22	17.91	32.74	28.32	26.65	29.91	5.75	5.25	6.75	7.92	5.95
	0.82	1.01	2.62	2.01	2.35	1.36	2.06	1.35	1.64	2.93	1.06	1.52	1.87	2.25	3.22	1.11

**Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

Male Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	15,504	326	959	641	219	2,145	1,096	6,827	2,844	499	11,267	796	710	412	164	2,081
	65	25	72	42	21	85	38	88	55	25	99	37	59	29	18	74
Beneficiaries as a Percent of Column Total																
Metropolitan Area Resident																
Yes	72.73	70.22	72.50	69.82	71.37	71.24	67.05	73.57	70.92	75.53	72.36	73.13	76.29	78.08	88.10	76.37
	0.52	3.91	3.26	2.97	4.88	1.84	2.30	0.83	1.46	3.36	0.63	2.18	2.70	2.76	3.30	1.31
No	27.27	29.78	27.50	30.18	28.63	28.76	32.95	26.43	29.08	24.47	27.64	26.87	23.71	21.92	11.90	23.63
	0.52	3.91	3.26	2.97	4.88	1.84	2.30	0.83	1.46	3.36	0.63	2.18	2.70	2.76	3.30	1.31

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.



**Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

Female Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	20,120	271	2,799	2,670	1,057	6,796	510	5,879	2,075	228	8,691	669	1,802	1,458	689	4,618
	66	27	108	71	43	145	30	119	73	22	130	35	89	65	37	127
Beneficiaries as a Percent of Column Total																
<b>Marital Status</b>																
Married	43.68	5.48	2.78	1.52	0.97	2.11	97.56	98.73	99.05	100.00	98.77	1.87	1.53	0.78	0.00	1.11
	0.70	2.55	0.80	0.43	0.58	0.40	0.80	0.34	0.34	0.00	0.27	1.17	0.61	0.38	0.00	0.33
Widowed	41.98	28.35	67.71	83.94	90.04	75.98	0.37	0.94	0.95	0.00	0.88	18.68	68.48	82.78	92.47	69.38
	0.69	4.95	2.22	1.40	1.36	1.26	0.37	0.31	0.34	0.00	0.25	2.79	2.73	1.75	1.21	1.21
Divorced/ separated	8.64	41.19	21.67	8.13	3.20	14.26	1.64	0.33	0.00	0.00	0.32	29.02	21.42	9.19	4.08	16.07
	0.38	4.88	1.82	1.07	0.82	0.92	0.62	0.14	0.00	0.00	0.10	2.52	2.32	1.39	0.97	1.06
Never married	5.70	24.98	7.84	6.41	5.79	7.65	0.43	0.00	0.00	0.00	0.03	50.43	8.56	7.26	3.44	13.44
	0.32	4.33	1.08	0.92	1.05	0.66	0.35	0.00	0.00	0.00	0.02	3.20	1.40	1.35	0.84	0.83
<b>Race/Ethnicity</b>																
White																
non-Hispanic	83.98	73.43	84.71	89.81	91.52	87.33	76.94	89.41	90.63	84.16	88.84	60.56	68.55	73.08	76.65	70.03
	0.55	4.30	1.38	0.97	1.16	0.82	2.75	0.87	1.26	6.15	0.77	2.68	2.00	1.75	2.24	1.12
Black																
non-Hispanic	9.06	20.54	8.65	5.68	5.99	7.54	9.36	5.30	4.94	4.94	5.44	26.42	19.31	14.37	14.46	18.06
	0.20	3.46	0.83	0.58	0.84	0.43	2.15	0.47	0.80	2.09	0.36	2.23	1.79	1.24	1.45	0.87
Hispanic	5.25	4.26	4.66	2.88	2.32	3.58	12.50	4.00	4.05	5.35	4.54	10.04	9.09	9.82	6.00	9.00
	0.46	2.06	0.95	0.67	0.84	0.58	2.12	0.64	1.00	2.27	0.59	2.11	1.42	1.31	1.64	0.87
Other	1.70	1.77	1.98	1.63	0.17	1.55	1.21	1.29	0.38	5.56	1.18	2.98	3.05	2.73	2.89	2.92
	0.19	1.08	0.55	0.48	0.17	0.29	0.63	0.33	0.25	5.16	0.27	1.12	0.86	0.60	0.91	0.46

**Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

Female Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	20,120	271	2,799	2,670	1,057	6,796	510	5,879	2,075	228	8,691	669	1,802	1,458	689	4,618
	66	27	108	71	43	145	30	119	73	22	130	35	89	65	37	127
Beneficiaries as a Percent of Column Total																
<b>Schooling</b>																
0 - 8 years	24.64	22.86	18.86	24.38	37.30	24.03	21.54	15.23	25.35	29.85	18.39	28.28	33.73	39.82	50.91	37.45
	0.79	4.52	1.75	1.84	2.15	1.27	2.64	0.98	1.87	4.80	0.88	2.95	2.16	1.87	2.91	1.23
9 - 11 years	17.25	19.67	14.41	22.37	16.42	18.06	17.27	16.02	15.61	12.01	15.89	19.84	18.45	19.29	16.93	18.68
	0.53	4.29	1.20	1.35	1.76	0.82	2.62	0.96	1.18	5.56	0.80	2.45	2.13	1.77	2.29	1.10
12 years	34.71	27.24	38.51	31.01	23.13	32.75	41.54	41.71	32.73	30.75	39.28	35.36	31.72	26.51	19.99	28.84
	0.80	4.53	2.04	1.45	2.18	1.20	3.72	1.43	2.25	3.69	1.21	2.84	2.36	1.90	2.01	1.26
13 - 15 years	13.94	18.50	18.33	11.70	13.17	14.94	12.76	16.62	15.49	11.82	16.00	10.34	9.16	7.26	7.92	8.54
	0.54	4.24	1.89	1.06	1.52	0.96	2.71	1.15	1.58	3.17	0.88	1.83	1.54	1.12	1.48	0.81
16 or more years	9.47	11.73	9.88	10.55	9.97	10.23	6.89	10.42	10.82	15.56	10.44	6.18	6.94	7.12	4.26	6.49
	0.44	3.84	1.18	1.25	1.59	0.71	2.06	0.93	1.11	3.39	0.73	1.63	1.44	1.22	1.23	0.67
<b>Income</b>																
Less than \$2,500	2.63	0.55	2.76	2.78	3.15	2.74	1.86	2.25	2.80	2.11	2.35	4.05	2.15	3.38	3.45	3.01
	0.25	0.64	0.70	0.59	0.82	0.41	1.08	0.40	0.71	1.19	0.35	1.17	0.80	0.77	1.01	0.46
\$2,500 - \$4,999	3.67	6.46	2.75	3.39	4.89	3.48	4.59	0.96	1.35	2.08	1.30	11.86	6.82	7.25	11.90	8.44
	0.24	3.43	0.60	0.55	0.93	0.33	1.93	0.31	0.49	1.36	0.29	2.10	1.38	1.08	1.88	0.68
\$5,000 - \$7,499	18.41	44.38	22.48	24.45	27.62	24.92	6.31	4.59	4.59	4.23	4.68	47.92	30.19	33.26	35.50	34.52
	0.52	4.79	1.98	1.67	2.16	1.03	1.84	0.68	0.80	1.41	0.51	2.74	2.34	2.34	2.86	1.21
\$7,500 - \$9,999	14.08	19.57	17.01	20.98	18.95	18.97	9.65	6.91	8.99	6.45	7.55	14.71	18.52	19.22	24.81	19.13
	0.51	4.05	1.95	1.51	1.79	1.00	2.20	0.81	1.15	2.41	0.58	1.88	1.80	1.61	2.61	1.06
\$10,000 - \$14,999	19.26	16.24	23.86	23.62	20.93	23.01	18.05	16.02	17.85	30.47	16.95	13.12	20.90	18.77	14.35	18.12
	0.57	4.31	1.62	1.51	1.81	1.02	2.81	1.08	1.50	4.48	0.87	2.09	2.29	1.68	2.15	1.14
\$15,000 - \$19,999	13.22	3.25	11.49	8.56	9.47	9.70	16.13	18.22	21.50	11.86	18.71	2.81	10.68	9.77	3.15	8.13
	0.54	1.77	1.28	1.04	1.29	0.72	2.95	1.36	1.53	3.59	1.08	0.99	1.62	1.17	1.15	0.74
\$20,000 - \$24,999	9.16	5.48	6.34	5.09	5.14	5.63	12.85	15.59	13.04	20.36	14.95	1.19	4.96	3.40	1.93	3.47
	0.40	2.53	0.99	0.72	0.96	0.50	2.49	0.94	1.36	5.43	0.73	0.61	1.29	1.08	0.79	0.63
\$25,000 - \$29,999	4.98	1.28	3.27	3.31	3.14	3.19	7.44	8.40	8.40	5.45	8.27	0.55	1.75	1.63	1.16	1.45
	0.37	0.91	0.74	0.62	1.02	0.43	2.00	0.88	1.15	2.26	0.71	0.44	0.56	0.64	0.58	0.31
\$30,000 or more	14.58	2.79	10.02	7.82	6.71	8.35	23.13	27.06	21.48	16.99	25.23	3.78	4.02	3.31	3.76	3.72
	0.58	1.91	1.51	1.00	1.13	0.73	2.90	1.34	1.56	4.13	1.08	1.59	1.32	0.95	1.05	0.66

**Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 1993 (3 pages)**

Female Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	20,120	271	2,799	2,670	1,057	6,796	510	5,879	2,075	228	8,691	669	1,802	1,458	689	4,618
	66	27	108	71	43	145	30	119	73	22	130	35	89	65	37	127
Beneficiaries as a Percent of Column Total																
Metropolitan Area Resident																
Yes	75.08	77.11	77.42	71.41	70.51	73.97	69.68	74.96	75.76	74.93	74.84	75.91	75.68	79.80	76.50	77.14
	0.46	3.97	1.96	1.25	1.71	0.95	3.10	0.99	1.60	4.62	0.58	2.40	1.82	1.60	2.18	1.06
No	24.92	22.89	22.58	28.59	29.49	26.03	30.32	25.04	24.24	25.07	25.16	24.09	24.32	20.20	23.50	22.86
	0.46	3.97	1.96	1.25	1.71	0.95	3.10	0.99	1.60	4.62	0.58	2.40	1.82	1.60	2.18	1.06

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.



**Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 1993 (2 pages)**

Long-Term Care Facility-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 000s)</b>	1,977	297	258	575	847
	71	26	36	40	33
<b>Beneficiaries as a Percent of Column Total</b>					
<b>Marital Status</b>					
Married	12.92	3.36	21.71	19.25	9.32
	1.20	1.44	5.60	2.50	1.34
Widowed	52.89	0.84	20.40	58.56	76.79
	1.56	0.84	4.90	2.90	2.15
Divorced/separated	7.64	12.02	17.35	7.70	3.17
	1.02	2.94	4.62	1.65	0.85
Never married	26.55	83.78	40.54	14.49	10.72
	1.51	3.34	6.28	2.71	1.44
<b>Race/Ethnicity</b>					
White non-Hispanic	88.07	83.19	79.17	88.78	91.99
	1.27	3.09	5.18	1.86	1.21
Black non-Hispanic	8.29	13.01	16.13	8.12	4.39
	1.20	3.18	4.93	1.49	0.87
Hispanic	1.95	2.79	2.79	1.08	1.99
	0.51	1.13	1.62	0.63	0.70
Other	1.69	1.01	1.91	2.03	1.63
	0.49	0.71	1.88	1.02	0.60
<b>Schooling</b>					
0 - 8 years	41.76	51.01	33.63	34.62	45.97
	2.31	6.00	7.40	4.27	2.80
9 - 11 years	12.93	10.09	21.96	13.87	10.60
	1.50	2.66	6.39	2.79	1.68
12 years	28.89	23.99	33.69	33.60	25.86
	2.08	4.28	7.15	3.61	2.69
13 - 15 years	7.54	9.87	4.28	8.05	7.31
	1.06	3.65	2.93	1.88	1.47
16 or more years	8.89	5.04	6.45	9.86	10.25
	1.41	3.87	3.71	2.71	1.70

**Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 1993 (2 pages)**

**Long-Term Care Facility-Only Residents<sup>1</sup>**

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,977	297	258	575	847
	71	26	36	40	33
Beneficiaries as a Percent of Column Total					
<b>Income</b>					
Less than \$2,500	3.59	2.38	3.28	4.55	3.46
	0.71	1.18	1.97	1.62	0.87
\$2,500 - \$4,999	9.09	11.05	12.42	7.51	8.46
	0.91	2.34	4.21	1.58	1.21
\$5,000 - \$7,499	43.60	57.22	41.72	39.76	42.00
	1.70	3.87	5.38	3.56	2.00
\$7,500 - \$9,999	13.80	17.96	15.92	12.03	12.88
	1.23	3.57	3.79	2.56	1.75
\$10,000 - \$14,999	13.53	6.88	8.67	14.02	17.01
	1.09	1.95	3.43	2.04	1.74
\$15,000 - \$19,999	6.66	2.17	8.62	6.62	7.67
	0.82	1.59	3.34	1.51	1.31
\$20,000 - \$24,999	3.13	0.00	1.57	5.26	3.27
	0.67	0.00	2.00	1.64	0.98
\$25,000 - \$29,999	2.03	0.00	1.88	4.44	1.15
	0.60	0.00	1.89	1.49	0.59
\$30,000 or more	4.57	2.34	5.92	5.81	4.10
	0.83	1.34	3.12	1.79	0.94
<b>Metropolitan Area Resident</b>					
Yes	71.35	81.38	61.78	72.04	70.27
	1.58	2.48	7.01	2.64	1.63
No	28.65	18.62	38.22	27.96	29.73
	1.58	2.48	7.01	2.64	1.63

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> The term long-term care facility-only residents includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.

**Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (4 pages)**

Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
Beneficiaries as a Percent of Column Total							
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	53.27	46.35	34.84	54.01	60.68	56.98	59.23
	0.18	1.38	1.32	0.76	0.77	2.40	1.72
75 - 84 years	28.38	22.23	24.55	33.56	26.72	31.99	30.12
	0.17	0.99	1.12	0.75	0.66	2.07	1.34
85 years and older	8.05	7.15	11.14	9.72	5.88	8.09	7.13
	0.12	0.68	0.62	0.43	0.29	1.15	0.72
Disabled							
Under 45 years	3.59	7.74	15.05	0.35	1.46	0.31	0.39
	0.06	0.58	0.65	0.08	0.14	0.20	0.17
45 - 64 years	6.71	16.53	14.42	2.37	5.25	2.63	3.13
	0.11	1.04	0.78	0.26	0.35	0.67	0.63
Gender							
Male	43.52	56.95	35.96	38.00	46.44	43.69	44.04
	0.15	1.51	1.06	0.71	0.80	2.03	1.74
Female	56.48	43.05	64.04	62.00	53.56	56.31	55.96
	0.15	1.51	1.06	0.71	0.80	2.03	1.74
Marital Status							
Married	56.38	48.94	24.21	57.15	69.41	63.60	60.35
	0.49	1.71	1.38	1.01	0.95	2.28	1.99
Widowed	28.51	26.90	37.39	33.28	22.24	25.47	26.63
	0.48	1.69	1.23	1.05	0.88	1.89	1.58
Divorced/separated	8.73	15.50	19.36	6.28	4.65	4.71	9.13
	0.29	1.15	1.15	0.50	0.40	0.88	1.20
Never married	6.39	8.66	19.04	3.29	3.70	6.22	3.89
	0.29	0.74	0.97	0.36	0.35	1.05	0.93

**Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (4 pages)**

**Community Residents<sup>1</sup>**

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
<b>Beneficiaries as a Percent of Column Total</b>							
<b>Living Arrangement</b>							
Lives alone	25.12	23.85	32.66	28.95	19.20	27.15	23.77
	0.40	1.57	1.33	0.92	0.68	2.12	1.63
With spouse	56.06	48.62	23.32	56.65	69.31	63.82	60.22
	0.44	1.77	1.27	0.96	0.94	2.30	1.98
With children	10.29	13.43	22.68	8.40	6.84	4.42	9.71
	0.31	0.93	1.16	0.50	0.45	0.79	1.13
With others	8.53	14.10	21.34	6.00	4.64	4.60	6.30
	0.27	1.03	0.97	0.46	0.35	1.02	0.97
<b>Race/Ethnicity</b>							
White non-Hispanic	83.49	67.43	53.52	94.39	90.39	94.58	82.73
	0.54	1.78	1.87	0.47	0.65	1.12	1.69
Black non-Hispanic	9.09	21.07	23.51	2.63	5.62	3.53	8.21
	0.14	1.23	1.26	0.32	0.40	0.89	1.47
Hispanic	5.64	8.86	17.92	2.15	3.00	1.12	6.68
	0.49	1.13	2.09	0.31	0.51	0.47	1.39
Other	1.78	2.64	5.05	0.83	0.99	0.77	2.37
	0.16	0.56	0.72	0.18	0.21	0.38	0.64
<b>Schooling</b>							
0 - 8 years	25.80	39.20	51.93	22.43	16.18	13.66	22.30
	0.68	1.37	1.72	0.90	0.66	1.98	1.69
9 - 11 years	16.38	20.59	19.07	15.28	16.04	12.08	13.53
	0.43	1.34	1.24	0.78	0.76	1.75	1.09
12 years	31.86	23.54	19.08	36.18	34.96	36.13	34.51
	0.64	1.29	1.10	1.09	1.01	2.19	1.73
13 - 15 years	13.57	10.73	6.44	14.16	15.94	13.73	17.89
	0.47	0.95	0.68	0.84	0.83	1.34	1.49
16 or more years	12.39	5.94	3.47	11.95	16.88	24.40	11.77
	0.41	0.63	0.45	0.66	0.75	2.22	1.13



**Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (4 pages)**

**Community Residents<sup>1</sup>**

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
Beneficiaries as a Percent of Column Total							
Income							
Less than \$2,500	2.40	3.21	3.53	2.35	1.61	1.96	3.16
	0.19	0.55	0.45	0.32	0.25	0.56	0.73
\$2,500 - \$4,999	2.89	5.31	10.13	1.95	0.64	0.21	1.45
	0.18	0.63	0.95	0.23	0.13	0.15	0.47
\$5,000 - \$7,499	14.78	19.83	55.07	10.25	4.21	1.86	7.06
	0.37	1.21	1.40	0.72	0.46	0.62	1.05
\$7,500 - \$9,999	12.15	19.71	17.14	13.69	6.68	7.02	13.24
	0.36	1.13	1.00	0.62	0.39	1.41	1.58
\$10,000 - \$14,999	18.64	25.19	10.21	20.86	17.69	15.31	21.57
	0.44	1.47	0.72	0.77	0.71	1.61	1.85
\$15,000 - \$19,999	13.85	11.51	1.98	15.76	17.35	16.77	14.07
	0.42	0.87	0.37	0.77	0.81	2.19	1.59
\$20,000 - \$24,999	10.94	6.69	0.67	12.01	14.64	16.31	12.02
	0.36	0.85	0.18	0.65	0.68	1.60	1.27
\$25,000 - \$29,999	5.63	2.30	0.06	5.36	8.65	9.35	6.01
	0.27	0.36	0.04	0.47	0.56	1.30	0.99
\$30,000 or more	18.72	6.26	1.20	17.78	28.54	31.22	21.43
	0.56	0.75	0.31	0.99	0.92	2.10	1.61

**Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (4 pages)**

**Community Residents<sup>1</sup>**

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
Beneficiaries as a Percent of Column Total							
Metropolitan Area Resident							
Yes	74.06	67.18	69.50	67.68	79.02	76.22	94.68
	0.26	1.74	1.83	1.15	0.95	2.23	1.87
No	25.94	32.82	30.50	32.32	20.98	23.78	5.32
	0.26	1.74	1.83	1.15	0.95	2.23	1.87

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

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Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)

All Medicare Beneficiaries

Measure of Perceived Health or Functioning <sup>1</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,601	3,966	19,233	10,686	3,716	2,400	8,607	4,068	1,019	16,095	1,566	10,626	6,617	2,697	21,506
	25	34	55	50	27	26	42	33	18	46	25	48	38	20	49
Beneficiaries as a Percent of Column Total															
Health Status															
Excellent	15.97	7.03	19.23	14.37	13.20	6.90	20.51	13.86	13.84	16.38	7.22	18.20	14.69	12.95	15.66
	0.37	0.69	0.63	0.51	0.95	0.81	0.97	0.88	1.60	0.62	1.04	0.81	0.73	1.10	0.48
Very good	24.85	11.02	28.73	24.90	19.43	11.43	27.61	25.17	21.79	24.21	10.39	29.63	24.73	18.53	25.33
	0.54	0.78	0.76	0.89	0.90	1.06	0.94	1.21	1.67	0.61	1.11	1.09	1.07	1.18	0.74
Good	29.76	26.64	30.44	30.04	28.76	28.35	30.53	30.12	28.40	29.96	24.02	30.38	30.00	28.89	29.61
	0.54	1.29	0.78	0.87	1.16	1.54	0.97	1.22	1.97	0.72	1.77	1.06	1.05	1.32	0.68
Fair	19.96	29.89	15.50	21.94	26.80	27.90	14.98	21.21	25.93	19.17	32.92	15.93	22.38	27.13	20.55
	0.42	1.22	0.58	0.71	1.14	1.40	0.74	1.09	1.99	0.55	1.92	0.81	0.84	1.16	0.58
Poor	9.45	25.43	6.09	8.75	11.82	25.41	6.37	9.65	10.04	10.27	25.44	5.87	8.21	12.49	8.84
	0.34	1.12	0.45	0.42	0.84	1.42	0.59	0.78	1.45	0.51	1.75	0.60	0.57	1.15	0.42
Functional Limitation															
None	52.92	25.71	67.49	48.33	19.45	30.49	74.47	57.09	26.94	60.55	18.43	61.83	42.94	16.62	47.22
	0.60	1.23	0.75	0.92	1.17	1.59	0.97	1.41	2.03	0.79	1.66	1.09	1.03	1.33	0.73
IADL only <sup>2</sup>	21.33	36.69	17.55	22.65	20.84	33.73	12.86	17.85	23.20	17.87	41.22	21.35	25.60	19.95	23.92
	0.45	1.25	0.59	0.61	1.01	1.44	0.77	0.96	2.28	0.57	2.19	0.87	0.75	1.07	0.63
One to two ADLs <sup>3</sup>	14.30	21.56	9.95	16.86	21.80	20.44	8.28	14.13	23.05	12.50	23.27	11.29	18.55	21.33	15.65
	0.38	1.29	0.52	0.66	0.95	1.49	0.64	1.04	2.08	0.51	1.80	0.76	0.78	1.10	0.48
Three to five ADLs	11.45	16.03	5.02	12.16	37.91	15.35	4.38	10.93	26.81	9.08	17.08	5.53	12.91	42.09	13.21
	0.30	1.01	0.34	0.61	1.24	1.24	0.49	0.86	2.31	0.43	1.52	0.48	0.69	1.49	0.40
Upper Extremity Limitation															
No	55.75	42.10	64.77	52.12	33.93	44.41	69.10	59.01	37.86	60.89	38.55	61.27	47.89	32.44	51.89
	0.66	1.38	0.76	1.06	1.29	1.77	1.10	1.68	2.10	0.91	1.84	1.06	1.08	1.59	0.78
Yes, no ADL/IADL present	12.39	8.92	14.29	12.51	5.92	11.06	14.88	13.11	9.46	13.52	5.63	13.81	12.14	4.58	11.55
	0.38	0.89	0.58	0.66	0.68	1.10	0.86	1.02	1.59	0.59	1.08	0.69	0.74	0.60	0.42
Yes, ADL/IADL present	31.86	48.99	20.94	35.37	60.15	44.53	16.02	27.88	52.68	25.58	55.82	24.92	39.97	62.98	36.56
	0.61	1.39	0.71	0.95	1.38	1.78	0.87	1.42	2.07	0.79	2.00	1.03	1.02	1.68	0.73



**Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)**

All Medicare Beneficiaries

Measure of Perceived Health or Functioning <sup>1</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,601	3,966	19,233	10,686	3,716	2,400	8,607	4,068	1,019	16,095	1,566	10,626	6,617	2,697	21,506
	25	34	55	50	27	26	42	33	18	46	25	48	38	20	49
Beneficiaries as a Percent of Column Total															
<b>Mobility Limitation</b>															
No	52.41	38.02	65.17	45.98	20.07	42.28	68.77	52.02	26.74	57.93	31.48	62.26	42.26	17.55	48.28
	0.64	1.28	0.85	1.02	1.04	1.59	1.26	1.40	2.09	0.86	1.78	1.14	1.19	1.20	0.77
Yes, no ADL/IADL present	11.58	9.52	11.83	12.99	8.43	10.92	13.08	14.85	11.18	13.08	7.38	10.83	11.84	7.39	10.46
	0.52	0.90	0.72	0.69	0.79	1.20	1.01	0.92	1.51	0.72	1.34	0.88	0.84	0.82	0.59
Yes, ADL/IADL present	36.01	52.46	22.99	41.03	71.49	46.80	18.15	33.13	62.08	28.99	61.14	26.91	45.90	75.06	41.27
	0.53	1.49	0.63	0.88	1.23	1.77	0.89	1.36	2.23	0.72	2.20	0.91	0.96	1.44	0.63
<b>Social Activity Limitation</b>															
No	63.01	37.72	73.55	59.44	45.50	40.90	75.86	61.91	47.57	65.33	32.83	71.69	57.92	44.71	61.26
	0.66	1.05	0.75	0.97	1.53	1.46	0.97	1.48	2.52	0.72	1.71	1.04	1.08	1.82	0.82
Yes	36.99	62.28	26.45	40.56	54.50	59.10	24.14	38.09	52.43	34.67	67.17	28.31	42.08	55.29	38.74
	0.66	1.05	0.75	0.97	1.53	1.46	0.97	1.48	2.52	0.72	1.71	1.04	1.08	1.82	0.82

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

2 IADL stands for Instrumental Activity of Daily Living.

3 ADL stands for Activity of Daily Living.

**Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)**

All Medicare Beneficiaries

Self-Reported Health Condition <sup>1</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,601	3,966	19,233	10,686	3,716	2,400	8,607	4,068	1,019	16,095	1,566	10,626	6,617	2,697	21,506
	25	34	55	50	27	26	42	33	18	46	25	48	38	20	49
Beneficiaries as a Percent of Column Total															
<b>Chronic Conditions</b>															
None	12.59	17.63	15.21	8.33	5.95	18.85	18.13	11.10	9.39	15.91	15.76	12.84	6.63	4.65	10.11
	0.33	0.68	0.54	0.47	0.59	0.98	0.86	0.89	1.19	0.52	1.11	0.70	0.55	0.68	0.41
One	18.29	19.50	20.87	16.58	8.52	22.17	23.11	17.96	12.81	21.02	15.41	19.06	15.74	6.90	16.25
	0.40	1.15	0.67	0.54	0.64	1.64	1.00	0.95	1.40	0.60	1.51	0.89	0.75	0.77	0.52
Two or more	69.12	62.87	63.92	75.08	85.53	58.98	58.76	70.94	77.80	63.07	68.83	68.10	77.63	88.45	73.64
	0.48	1.29	0.77	0.76	0.90	1.72	1.20	1.17	1.82	0.69	1.82	1.08	0.91	1.05	0.66
<b>Disease/Condition</b>															
Heart disease	38.37	33.01	33.65	44.41	51.08	31.49	35.71	47.94	49.56	39.05	35.34	31.99	42.25	51.66	37.86
	0.49	1.27	0.69	0.94	1.22	1.39	1.13	1.17	2.12	0.70	2.24	0.92	1.20	1.61	0.65
Hypertension	51.93	45.06	51.37	55.53	51.85	44.72	49.24	47.11	44.04	47.70	45.56	53.09	60.70	54.81	55.10
	0.55	1.24	0.85	0.85	1.33	1.66	1.26	1.32	2.49	0.89	2.08	1.08	1.02	1.56	0.63
Diabetes	17.01	17.42	17.20	17.78	13.38	16.22	18.77	18.42	12.29	17.89	19.25	15.92	17.39	13.79	16.35
	0.41	1.06	0.64	0.71	0.78	1.27	0.92	1.21	1.45	0.61	1.60	0.84	0.86	0.89	0.51
Arthritis	56.57	47.95	53.78	63.33	60.76	44.06	44.07	57.36	54.07	48.06	53.93	61.64	67.00	63.30	62.94
	0.54	1.13	0.83	0.88	1.17	1.56	1.20	1.25	2.44	0.73	1.73	0.95	1.09	1.36	0.61
Osteoporosis/broken hip	13.64	11.55	9.93	15.70	29.07	8.14	4.01	7.12	12.81	5.97	16.78	14.74	20.98	35.22	19.38
	0.34	0.96	0.47	0.56	1.04	0.91	0.49	0.67	1.37	0.34	1.61	0.73	0.81	1.38	0.51
Pulmonary disease	14.68	20.53	14.37	14.17	11.49	20.65	15.01	16.75	17.65	16.46	20.35	13.84	12.59	9.16	13.34
	0.44	1.09	0.61	0.66	0.65	1.39	0.82	1.15	1.38	0.55	1.61	0.81	0.70	0.78	0.51
Stroke	11.79	13.25	8.55	13.99	20.72	14.21	9.87	14.72	22.16	12.52	11.78	7.47	13.53	20.17	11.24
	0.33	0.82	0.45	0.57	1.00	1.14	0.71	0.98	1.73	0.52	1.16	0.54	0.77	1.16	0.41
Alzheimer's disease	4.33	2.19	1.43	5.28	18.91	2.02	1.67	4.99	11.54	3.19	2.45	1.23	5.46	21.70	5.19
	0.19	0.41	0.20	0.45	0.86	0.42	0.29	0.58	1.48	0.25	0.77	0.23	0.56	1.10	0.25
Parkinson's disease	1.77	1.24	0.90	2.86	3.63	1.45	0.99	3.14	4.34	1.81	0.93	0.83	2.69	3.37	1.73
	0.13	0.28	0.14	0.34	0.43	0.38	0.20	0.52	0.91	0.19	0.40	0.19	0.36	0.51	0.16
Skin cancer	14.87	5.68	14.46	18.11	17.45	5.96	17.15	23.07	25.95	17.54	5.24	12.28	15.07	14.24	12.87
	0.40	0.69	0.59	0.59	0.95	0.71	0.85	1.21	2.01	0.60	1.20	0.75	0.72	1.06	0.52
Other type of cancer	18.37	14.02	17.30	21.32	20.08	9.55	14.93	20.53	21.81	15.98	20.85	19.23	21.81	19.43	20.17
	0.44	0.93	0.60	0.85	0.97	0.99	0.96	1.12	1.78	0.62	1.75	0.70	1.00	1.10	0.53

**Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)**

All Medicare Beneficiaries

Self-Reported Health Condition <sup>1</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	37,601	3,966	19,233	10,686	3,716	2,400	8,607	4,068	1,019	16,095	1,566	10,626	6,617	2,697	21,506
	25	34	55	50	27	26	42	33	18	46	25	48	38	20	49
Beneficiaries as a Percent of Column Total															
<b>Mental Disorder</b>	7.76	34.95	4.05	4.82	6.48	35.48	4.08	4.73	4.87	8.97	34.14	4.02	4.87	7.09	6.86
	0.30	1.15	0.37	0.37	0.62	1.49	0.42	0.58	0.99	0.41	1.78	0.49	0.46	0.70	0.35
<b>Urinary Incontinence</b>	21.44	21.49	15.50	24.66	43.59	15.61	9.07	16.99	28.68	13.24	30.58	20.69	29.34	49.15	27.56
	0.55	1.16	0.58	0.88	1.45	1.23	0.58	1.08	2.45	0.53	2.11	0.92	1.07	1.78	0.76
<b>Smokers</b>															
Never smoked	40.48	32.25	35.53	44.69	63.02	22.95	15.23	22.22	25.11	18.77	46.41	51.97	58.51	77.51	56.74
	0.48	1.15	0.67	0.90	1.01	1.45	0.92	1.08	1.91	0.62	1.90	0.98	1.28	1.37	0.72
Former smoker	43.34	31.73	46.93	45.10	31.91	34.17	63.70	65.06	66.48	59.83	28.02	33.34	32.82	18.70	30.98
	0.53	1.11	0.83	0.93	1.04	1.60	1.18	1.15	2.17	0.72	1.82	1.11	1.20	1.36	0.73
Current smoker	16.19	36.02	17.55	10.21	5.07	42.88	21.07	12.72	8.42	21.40	25.57	14.69	8.66	3.79	12.28
	0.40	1.17	0.65	0.44	0.58	1.54	0.94	0.73	1.53	0.61	1.65	0.74	0.60	0.51	0.45

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.



**Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

All Medicare Beneficiaries

Measure of Perceived Health or Functioning <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,601	2,791	16,240	9,145	3,209	31,385	708	1,629	785	271	3,393	366	989	530	157	2,042
	25	57	125	85	43	192	32	43	25	14	47	34	93	73	27	178
Beneficiaries as a Percent of Column Total																
<b>Health Status</b>																
Excellent	15.97	7.35	20.77	14.87	13.21	17.09	5.89	9.85	12.45	10.84	9.71	6.69	12.51	8.37	17.23	10.75
	0.37	0.75	0.73	0.56	1.05	0.44	1.38	1.41	1.73	2.58	0.83	3.24	2.36	2.10	3.45	1.18
Very good	24.85	10.91	29.66	25.82	20.20	25.91	11.72	24.27	20.12	18.13	20.21	10.09	22.68	21.66	11.44	19.29
	0.54	0.91	0.82	1.00	1.03	0.58	1.64	2.27	2.66	3.28	1.42	3.95	3.18	3.56	3.43	1.70
Good	29.76	27.69	30.21	30.47	29.22	29.96	25.52	31.45	24.42	25.78	28.14	20.56	29.44	30.24	26.65	27.84
	0.54	1.69	0.86	1.01	1.34	0.61	2.21	2.11	2.20	3.76	1.23	2.60	3.05	2.85	4.84	1.86
Fair	19.96	28.00	13.92	20.89	26.42	18.48	33.67	25.35	30.04	29.78	28.52	37.92	23.20	26.68	28.63	27.16
	0.42	1.30	0.64	0.74	1.25	0.46	2.98	2.50	2.45	3.90	1.61	4.06	3.32	4.02	7.08	2.16
Poor	9.45	26.04	5.44	7.94	10.95	8.56	23.20	9.08	12.98	15.47	13.43	24.74	12.17	13.05	16.05	14.95
	0.34	1.39	0.46	0.49	0.77	0.35	2.50	1.68	1.57	3.38	1.24	4.37	1.90	2.86	4.13	1.67
<b>Functional Limitation</b>																
None	52.92	23.58	68.63	48.86	19.50	53.87	31.39	57.09	45.96	18.26	46.09	28.19	67.47	49.62	20.48	52.20
	0.60	1.41	0.76	1.03	1.23	0.65	2.70	3.55	2.86	4.42	2.11	5.30	3.31	3.47	6.10	2.56
IADL only <sup>3</sup>	21.33	37.55	16.88	22.39	20.56	20.69	33.92	21.62	22.01	22.86	24.36	35.73	18.46	28.27	26.13	24.69
	0.45	1.43	0.59	0.64	1.07	0.46	2.66	3.16	2.66	3.69	1.65	4.88	3.05	3.15	3.87	1.94
One to two ADLs <sup>4</sup>	14.30	21.95	9.81	16.99	22.22	14.24	21.28	12.95	15.45	18.55	15.71	20.69	8.13	15.88	24.94	13.68
	0.38	1.56	0.54	0.74	1.02	0.41	2.28	2.03	2.15	2.66	1.22	4.06	1.87	2.31	5.20	1.35
Three to five ADLs	11.45	16.91	4.68	11.76	37.72	11.19	13.41	8.33	16.58	40.33	13.84	15.38	5.94	6.23	28.44	9.43
	0.30	1.15	0.34	0.68	1.34	0.32	2.05	1.34	2.17	4.34	1.11	5.84	1.45	1.49	3.91	1.36
<b>Upper Extremity Limitation</b>																
No	55.75	40.77	65.78	52.36	33.57	56.36	47.11	58.60	52.48	36.62	53.04	43.17	59.79	52.91	39.41	53.46
	0.66	1.72	0.85	1.21	1.44	0.72	2.81	2.51	2.54	4.82	1.67	4.23	3.85	3.05	5.13	2.48
Yes, no ADL/IADL present	12.39	8.41	14.15	12.84	6.00	12.43	8.62	13.39	9.01	5.95	10.79	11.15	18.10	12.81	5.32	14.49
	0.38	1.04	0.58	0.74	0.72	0.39	2.02	1.91	1.85	2.01	1.06	3.49	2.85	2.60	2.98	1.57
Yes, ADL/IADL present	31.86	50.82	20.07	34.80	60.43	31.21	44.27	28.01	38.51	57.43	36.17	45.68	22.11	34.29	55.27	32.05
	0.61	1.73	0.73	1.04	1.48	0.65	2.79	3.11	2.56	5.50	2.04	4.94	2.83	3.36	5.43	2.05



**Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

All Medicare Beneficiaries

Measure of Perceived Health or Functioning <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,601	2,791	16,240	9,145	3,209	31,385	708	1,629	785	271	3,393	366	989	530	157	2,042
	25	57	125	85	43	192	32	43	25	14	47	34	93	73	27	178
Beneficiaries as a Percent of Column Total																
<b>Mobility Limitation</b>																
No	52.41	37.86	67.29	47.11	20.12	53.98	36.87	47.25	35.85	17.69	40.09	39.80	61.28	47.38	26.78	51.17
	0.64	1.43	0.90	1.13	1.15	0.69	2.86	2.49	2.51	4.28	1.60	3.77	4.20	3.68	4.41	2.49
Yes, no ADL/ IADL present	11.58	8.75	10.86	12.81	8.63	11.01	12.44	18.11	16.39	8.80	15.78	9.59	17.31	12.38	5.05	13.71
	0.52	0.95	0.67	0.72	0.87	0.50	2.45	3.02	2.00	2.37	1.68	4.32	2.99	2.29	2.51	1.79
Yes, ADL/ IADL present	36.01	53.39	21.85	40.07	71.26	35.00	50.69	34.65	47.76	73.51	44.12	50.61	21.41	40.25	68.16	35.12
	0.53	1.75	0.65	0.98	1.33	0.58	2.44	2.78	2.71	4.79	1.82	5.90	3.02	4.01	5.60	2.53
<b>Social Activity Limitation</b>																
No	63.01	37.43	75.92	60.39	46.61	64.99	36.30	60.62	53.56	38.34	52.13	41.67	60.31	57.35	45.55	55.07
	0.66	1.29	0.76	1.03	1.65	0.70	2.66	2.54	3.04	4.70	1.72	3.86	3.61	5.02	6.63	2.30
Yes	36.99	62.57	24.08	39.61	53.39	35.01	63.70	39.38	46.44	61.66	47.87	58.33	39.69	42.65	54.45	44.93
	0.66	1.29	0.76	1.03	1.65	0.70	2.66	2.54	3.04	4.70	1.72	3.86	3.61	5.02	6.63	2.30

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 2 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.

**Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

All Medicare Beneficiaries

Self-Reported Health Condition <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 000s)</b>	37,601	2,791	16,240	9,145	3,209	31,385	708	1,629	785	271	3,393	366	989	530	157	2,042
	25	57	125	85	43	192	32	43	25	14	47	34	93	73	27	178
<b>Beneficiaries as a Percent of Column Total</b>																
<b>Chronic Conditions</b>																
None	12.59	18.37	16.17	8.29	5.76	13.01	14.93	7.27	7.25	5.78	8.75	17.88	14.99	11.23	9.65	14.12
	0.33	0.90	0.62	0.55	0.67	0.39	1.82	1.25	1.45	1.61	0.83	3.07	2.37	2.67	3.13	1.33
One	18.29	19.15	21.04	17.38	8.64	18.54	16.19	19.70	12.16	7.00	16.21	25.75	18.70	13.20	11.66	18.00
	0.40	1.35	0.70	0.61	0.73	0.41	2.07	2.13	1.74	1.86	1.23	4.55	3.14	2.05	2.81	2.02
Two or more	69.12	62.48	62.78	74.32	85.60	68.45	68.88	73.03	80.59	87.22	75.05	56.37	66.30	75.57	78.69	67.88
	0.48	1.46	0.85	0.89	1.01	0.54	2.65	2.36	2.31	2.31	1.50	5.25	3.24	3.61	4.06	1.95
<b>Disease/Condition</b>																
Heart disease	38.37	34.12	33.80	44.97	52.23	38.97	32.05	34.64	41.25	46.14	36.55	28.24	29.73	39.64	41.02	32.90
	0.49	1.51	0.77	1.03	1.16	0.56	2.60	2.36	2.68	4.82	1.48	4.29	3.70	3.23	5.40	2.31
Hypertension	51.93	40.93	49.03	54.05	51.44	50.02	60.80	70.19	69.53	64.20	67.60	44.16	56.73	57.99	49.09	54.21
	0.55	1.36	0.95	0.95	1.43	0.61	2.79	2.73	2.23	4.38	1.86	4.88	3.48	4.08	9.83	1.85
Diabetes	17.01	14.91	14.97	16.36	12.66	15.13	24.88	29.93	24.49	19.12	26.76	20.69	32.62	28.38	18.15	28.27
	0.41	1.26	0.67	0.75	0.84	0.41	2.60	2.61	2.91	2.62	1.37	3.86	3.65	2.93	4.01	2.36
Arthritis	56.57	48.84	53.21	62.70	59.72	56.26	44.47	60.87	70.53	72.59	60.61	47.40	51.01	64.73	65.17	55.01
	0.54	1.27	0.92	1.01	1.29	0.61	3.13	2.76	2.77	3.63	1.66	5.12	4.32	3.29	5.53	2.52
Osteoporosis/ broken hip	13.64	12.51	10.31	16.19	30.23	14.26	8.41	5.99	9.16	16.96	8.10	10.65	11.81	12.34	21.49	12.49
	0.34	1.10	0.52	0.58	1.12	0.39	1.72	1.10	1.68	3.61	0.73	4.18	1.68	3.69	3.46	1.07
Pulmonary disease	14.68	22.40	14.56	14.37	11.82	14.92	15.98	12.59	10.52	6.62	12.34	16.96	14.28	14.08	14.71	14.74
	0.44	1.39	0.68	0.71	0.74	0.49	1.87	1.67	1.80	1.56	0.97	3.43	2.29	2.56	3.56	1.35
Stroke	11.79	13.85	8.18	13.64	21.56	11.64	14.14	11.34	16.28	12.88	13.19	7.78	8.84	11.11	13.95	9.63
	0.33	0.97	0.49	0.57	1.09	0.35	2.04	1.40	2.38	2.54	0.97	2.28	1.62	2.69	4.52	1.21
Alzheimer's disease	4.33	2.22	1.40	5.29	18.82	4.39	1.22	1.31	5.36	17.27	3.50	3.47	2.07	2.81	17.86	3.73
	0.19	0.49	0.18	0.48	0.95	0.21	0.44	0.53	1.23	2.50	0.42	1.88	1.32	1.45	4.12	0.81
Parkinson's disease	1.77	1.68	0.95	2.92	3.77	1.87	0.36	0.25	1.68	1.78	0.72	0.00	1.25	2.55	2.67	1.47
	0.13	0.39	0.15	0.37	0.48	0.15	0.21	0.25	0.67	1.03	0.20	0.00	1.07	1.46	1.86	0.71
Skin cancer	14.87	7.51	16.68	20.27	19.55	17.21	0.78	0.48	2.04	4.74	1.24	1.01	4.27	7.81	2.64	4.48
	0.40	0.92	0.70	0.68	1.04	0.48	0.35	0.36	1.09	1.72	0.34	0.66	1.10	1.77	1.74	0.77
Other type of cancer	18.37	15.53	18.44	21.92	20.61	19.42	10.42	11.42	20.49	17.16	13.77	6.22	7.67	12.90	10.08	8.95
	0.44	1.23	0.63	0.96	1.10	0.50	1.25	1.50	2.57	3.58	0.96	2.04	1.76	2.32	4.29	0.99

**Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

All Medicare Beneficiaries

Self-Reported Health Condition <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 000s)</b>	37,601	2,791	16,240	9,145	3,209	31,385	708	1,629	785	271	3,393	366	989	530	157	2,042
	25	57	125	85	43	192	32	43	25	14	47	34	93	73	27	178
<b>Beneficiaries as a Percent of Column Total</b>																
<b>Mental Disorder</b>	7.76	34.18	3.93	4.88	6.92	7.20	33.10	3.64	3.95	4.09	9.89	44.49	7.29	3.36	3.42	12.65
	0.30	1.45	0.38	0.38	0.71	0.32	2.50	1.07	0.99	1.57	0.74	4.53	1.59	1.32	2.10	1.33
<b>Urinary Incontinence</b>	21.44	22.30	15.31	24.37	43.81	21.41	21.13	17.55	24.87	42.80	21.96	14.72	13.88	22.08	31.78	17.56
	0.55	1.49	0.62	0.98	1.61	0.60	2.70	2.18	3.01	3.81	1.70	3.25	2.09	3.16	5.67	1.70
<b>Smokers</b>																
Never smoked	40.48	32.10	35.35	44.26	64.50	40.61	28.76	35.05	46.96	58.39	38.37	38.40	35.39	44.36	46.08	39.09
	0.48	1.30	0.73	0.96	1.05	0.51	2.56	2.45	2.83	4.78	1.51	4.50	3.68	3.99	5.17	2.18
Former smoker	43.34	31.39	47.48	45.94	30.54	43.89	32.90	42.48	38.74	36.36	39.14	35.24	47.93	43.40	48.90	44.54
	0.53	1.18	0.93	1.01	1.03	0.59	3.06	2.38	2.91	4.57	1.44	5.27	3.92	3.81	7.24	2.41
Current smoker	16.19	36.51	17.17	9.80	4.96	15.51	38.33	22.47	14.30	5.25	22.49	26.37	16.68	12.24	5.02	16.37
	0.40	1.40	0.75	0.54	0.61	0.47	2.85	1.83	2.10	1.78	1.23	4.18	2.49	2.79	3.52	1.80

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Beneficiaries who were administered a community interview answered questions about diseases or health conditions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.

2 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.



Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)

Community Residents<sup>1</sup>

Measure of Perceived Health or Functioning	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	35,625	596	3,758	3,311	1,276	8,941	1,607	12,706	4,919	727	19,959	1,465	2,511	1,870	853	6,699
	73	37	120	74	48	145	45	152	94	35	153	55	107	68	42	148
Beneficiaries as a Percent of Column Total																
Health Status																
Excellent	16.66	5.65	21.34	17.23	17.70	18.25	3.06	19.39	14.70	15.91	16.80	10.90	16.90	12.60	15.25	14.18
	0.39	1.42	1.68	0.94	1.65	0.88	0.71	0.78	0.91	2.05	0.56	1.27	1.56	1.33	1.85	0.71
Very Good	25.61	11.84	28.19	26.30	25.58	26.02	7.62	30.13	27.40	22.14	27.36	12.62	24.06	20.76	18.51	19.94
	0.57	2.15	1.80	1.48	1.74	1.06	1.37	0.93	1.23	1.96	0.70	1.24	1.95	1.64	2.09	1.01
Good	29.57	25.84	28.47	31.32	30.42	29.63	21.94	30.90	29.95	26.21	29.77	28.75	30.89	27.26	27.66	29.00
	0.56	3.09	1.65	1.35	2.00	1.00	1.88	0.91	1.28	2.86	0.69	2.06	1.78	1.81	2.30	1.09
Fair	18.90	33.09	15.48	18.91	18.48	18.36	34.27	14.10	20.00	22.80	17.49	26.09	19.77	25.84	26.80	23.74
	0.43	3.88	1.54	1.21	1.62	0.90	2.10	0.77	1.08	2.20	0.54	1.65	1.72	1.64	2.32	0.95
Poor	9.26	23.58	6.52	6.24	7.82	7.74	33.11	5.48	7.96	12.94	8.58	21.63	8.37	13.54	11.79	13.14
	0.36	3.29	0.90	0.60	1.13	0.52	1.94	0.51	0.65	2.41	0.44	1.86	1.22	1.29	1.65	0.78
Functional Limitation																
None	55.73	32.92	66.51	50.50	26.53	52.64	25.13	71.36	56.81	33.01	62.65	28.24	55.76	36.62	16.45	39.43
	0.64	3.39	1.75	1.52	1.89	1.16	1.82	0.98	1.46	2.83	0.82	1.87	2.15	1.93	2.31	1.19
IADL only <sup>2</sup>	22.06	34.64	20.34	25.62	31.49	24.84	32.54	15.61	21.57	26.38	18.83	42.96	23.81	26.12	19.47	28.08
	0.46	3.09	1.26	1.21	2.05	0.90	2.01	0.76	1.02	2.64	0.59	1.87	1.89	1.86	1.90	1.08
One to two ADLs <sup>3</sup>	14.03	20.70	9.36	17.48	24.49	15.28	24.89	9.08	14.06	21.30	12.02	17.31	13.96	22.43	24.06	18.34
	0.41	2.73	1.11	0.99	1.79	0.67	2.11	0.63	0.90	2.33	0.57	1.53	1.53	1.86	2.08	0.95
Three to five ADLs	8.17	11.74	3.79	6.41	17.48	7.24	17.44	3.96	7.57	19.31	6.49	11.48	6.48	14.82	40.02	14.15
	0.30	2.25	0.66	0.78	1.60	0.52	1.74	0.39	0.70	2.67	0.39	1.35	0.94	1.42	2.48	0.67
Upper Extremity Limitation																
No	57.54	36.48	66.97	53.18	44.38	56.61	31.67	66.46	57.57	39.99	60.50	54.73	56.57	46.91	30.39	50.14
	0.68	3.53	1.90	1.74	2.44	1.22	2.00	0.99	1.53	2.54	0.86	2.17	1.93	1.73	2.25	1.20
Yes, no ADL/ IADL present	13.06	12.01	13.81	14.16	6.58	12.79	11.23	14.81	13.35	10.36	14.00	6.90	13.78	11.20	6.81	10.68
	0.40	2.49	1.42	1.14	0.87	0.79	1.39	0.72	0.91	1.95	0.53	1.23	1.44	1.41	1.78	0.78
Yes, ADL/ IADL present	29.40	51.51	19.22	32.66	49.04	30.60	57.11	18.73	29.07	49.65	25.50	38.37	29.65	41.88	62.80	39.18
	0.64	3.65	1.41	1.43	2.30	1.05	2.16	0.83	1.37	2.72	0.76	2.03	1.95	1.84	2.63	1.19



**Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)**

Community Residents<sup>1</sup>

Measure of Perceived Health or Functioning	Total	Lives Alone					Total	Lives with Spouse					Total	Lives with Children/Others					Total
		< 65	65 - 74	75 - 84	85 +	< 65		65 - 74	75 - 84	85 +	< 65	65 - 74		75 - 84	85 +				
Beneficiaries (in 000s)	35,625	596	3,758	3,311	1,276	8,941	1,607	12,706	4,919	727	19,959	1,465	2,511	1,870	853	6,699			
	73	37	120	74	48	145	45	152	94	35	153	55	107	68	42	148			
Beneficiaries as a Percent of Column Total																			
Mobility Limitation																			
No	54.40	37.88	64.27	45.86	25.22	50.13	26.87	68.78	53.63	32.13	60.34	46.77	52.65	37.56	16.96	42.62			
	0.66	3.67	2.09	1.64	1.86	1.29	2.02	0.92	1.48	2.78	0.77	1.80	2.29	2.07	2.17	1.34			
Yes, no ADL/ IADL present	12.22	12.15	11.11	14.57	11.99	12.59	11.39	11.69	13.89	13.32	12.27	8.34	14.81	11.80	7.44	11.62			
	0.55	2.53	1.29	1.10	1.39	0.78	1.52	0.74	0.93	1.76	0.63	1.29	1.77	1.30	1.86	0.92			
Yes, ADL/ IADL present	33.38	49.97	24.62	39.57	62.79	37.28	61.74	19.53	32.48	54.55	27.39	44.89	32.55	50.64	75.60	45.76			
	0.56	3.74	1.55	1.44	2.01	1.09	2.31	0.80	1.37	2.97	0.71	1.95	2.09	2.07	2.66	1.33			
Social Activity Limitation																			
No	63.79	32.55	70.52	62.79	49.95	62.19	28.18	76.41	63.41	46.93	68.26	43.87	66.32	47.79	38.47	52.70			
	0.68	3.53	2.11	1.58	2.32	1.38	1.72	0.91	1.44	3.01	0.72	1.84	1.86	2.02	2.78	1.09			
Yes	36.21	67.45	29.48	37.21	50.05	37.81	71.82	23.59	36.59	53.07	31.74	56.13	33.68	52.21	61.53	47.30			
	0.68	3.53	2.11	1.58	2.32	1.38	1.72	0.91	1.44	3.01	0.72	1.84	1.86	2.02	2.78	1.09			

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 IADL stands for Instrumental Activity of Daily Living.

3 ADL stands for Activity of Daily Living.

**Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 1993 (2 pages)**

**Long-Term Care Facility-Only Residents<sup>1</sup>**

Measure of Perceived Health or Functioning <sup>2</sup>	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,977	297	258	575	847
	71	26	36	40	33
Beneficiaries as a Percent of Column Total					
<b>Health Status</b>					
Excellent	3.62	12.24	3.51	1.23	2.26
	0.57	2.65	2.03	0.70	0.78
Very Good	11.23	19.95	12.75	9.47	8.92
	1.05	3.29	3.86	2.07	1.34
Good	33.15	43.45	32.43	33.15	29.75
	1.66	4.15	5.70	2.95	2.12
Fair	39.05	18.47	43.25	42.07	42.91
	1.54	3.64	5.21	3.11	2.58
Poor	12.96	5.88	8.07	14.08	16.17
	1.01	1.51	3.21	2.11	1.52
<b>Functional Limitation</b>					
None	0.23	0.00	0.00	0.40	0.26
	0.16	0.00	0.00	0.40	0.27
IADL only <sup>3</sup>	7.69	32.26	11.64	3.12	1.57
	0.99	4.34	4.07	1.22	0.62
One to two ADLs <sup>4</sup>	19.29	26.61	23.08	19.67	15.58
	1.71	3.69	5.70	3.08	1.80
Three to five ADLs	72.79	41.13	65.28	76.82	82.59
	1.76	4.26	5.80	3.42	1.83
<b>Upper Extremity Limitation</b>					
No	22.87	47.65	27.93	16.56	16.98
	1.51	4.37	5.69	2.47	1.89
Yes, no ADL/IADL present	0.11	0.00	0.00	0.00	0.26
	0.11	0.00	0.00	0.00	0.26
Yes, ADL/IADL present	77.02	52.35	72.07	83.44	82.76
	1.52	4.37	5.69	2.47	1.90

**Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 1993 (2 pages)**

Long-Term Care Facility-Only Residents<sup>1</sup>

Measure of Perceived Health or Functioning <sup>2</sup>	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,977	297	258	575	847
	71	26	36	40	33
Beneficiaries as a Percent of Column Total					
Mobility Limitation					
No	16.13	55.84	21.96	8.78	5.37
	1.37	4.32	5.19	2.46	1.00
Yes, no ADL/IADL present	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
Yes, ADL/IADL present	83.87	44.16	78.04	91.22	94.63
	1.37	4.32	5.19	2.46	1.00
Social Activity Limitation					
No	48.83	69.56	47.49	44.51	44.86
	1.91	4.14	4.85	3.39	2.43
Yes	51.17	30.44	52.51	55.49	55.14
	1.91	4.14	4.85	3.39	2.43

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term long-term care facility-only residents includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.

2 A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.



**Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)**

Community Residents<sup>1</sup>

Self-Reported Health Condition	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	35,625	596	3,758	3,311	1,276	8,941	1,607	12,706	4,919	727	19,959	1,465	2,511	1,870	853	6,699
	73	37	120	74	48	145	45	152	94	35	153	55	107	68	42	148
Beneficiaries as a Percent of Column Total																
<b>Chronic Conditions</b>																
None	12.91	19.11	15.48	8.42	7.27	11.94	6.94	15.76	9.35	9.17	13.23	25.54	12.84	7.49	6.59	13.33
	0.35	2.36	1.39	0.82	1.18	0.74	0.94	0.74	0.70	1.52	0.51	1.68	1.39	0.97	1.38	0.67
One	18.83	18.51	18.83	16.47	10.89	16.80	20.12	22.45	19.16	12.02	21.07	19.75	17.08	12.35	6.15	14.95
	0.42	2.88	1.39	1.16	1.25	0.74	2.14	0.84	0.98	1.72	0.65	1.45	1.76	1.23	1.08	0.82
Two or more	68.25	62.39	65.69	75.11	81.84	71.26	72.94	61.79	71.49	78.80	65.70	54.71	70.08	80.16	87.25	71.72
	0.50	2.89	1.76	1.38	1.64	1.02	2.33	1.06	1.23	2.24	0.74	2.19	2.25	1.66	1.79	1.12
<b>Disease/Condition</b>																
Heart disease	37.41	32.29	31.32	41.07	43.31	36.71	43.31	33.21	44.71	45.31	37.30	24.78	38.17	45.40	48.97	38.64
	0.51	3.13	1.59	1.58	1.95	0.84	2.34	0.95	1.19	2.70	0.70	1.76	1.81	2.18	2.53	1.05
Hypertension	52.69	43.73	51.65	56.82	59.91	54.22	55.60	50.71	53.00	49.18	51.61	40.10	54.55	63.18	55.02	53.86
	0.58	3.17	1.80	1.38	2.48	1.08	2.34	1.11	1.28	2.97	0.76	1.94	2.17	2.09	2.59	1.12
Diabetes	17.03	19.55	15.03	15.81	10.15	14.92	19.70	16.29	17.42	12.76	16.71	16.13	24.33	21.72	15.78	20.72
	0.42	2.82	1.04	1.00	1.13	0.58	2.06	0.76	0.95	1.64	0.58	1.57	1.83	1.57	1.69	0.97
Arthritis	57.86	53.48	56.25	67.39	66.54	61.67	63.28	52.53	62.18	61.18	56.09	37.35	59.89	67.36	68.98	58.20
	0.55	3.43	2.15	1.43	1.85	1.29	2.18	1.10	1.21	3.04	0.80	1.91	2.23	1.53	2.31	1.05
Osteoporosis/broken hip	12.55	11.78	11.61	18.27	22.89	15.70	11.55	9.18	10.93	16.86	10.08	11.78	10.79	18.85	30.03	15.71
	0.34	2.08	1.18	1.03	1.96	0.64	1.51	0.58	0.77	2.70	0.45	1.36	1.37	1.44	2.21	0.77
Pulmonary disease	14.79	23.13	14.85	13.24	9.65	14.06	25.06	13.80	15.12	14.64	15.06	17.53	16.29	13.02	10.84	14.96
	0.45	2.68	1.45	0.95	1.09	0.78	1.75	0.70	1.06	1.84	0.57	1.62	1.61	1.33	1.49	0.82
Stroke	10.63	14.28	6.84	10.36	13.85	9.64	15.14	7.96	12.76	18.89	10.12	10.59	10.72	15.48	21.08	13.34
	0.33	1.81	0.81	0.90	1.40	0.53	1.44	0.60	0.86	2.34	0.48	1.21	1.28	1.25	2.10	0.75
Alzheimer's disease	2.10	2.49	0.43	1.64	5.89	1.80	1.59	0.81	2.74	6.51	1.55	1.36	1.59	5.43	12.12	3.95
	0.15	1.12	0.33	0.35	1.00	0.25	0.49	0.17	0.45	1.24	0.16	0.53	0.59	0.96	1.86	0.44
Parkinson's disease	1.49	0.49	0.40	1.66	1.98	1.10	2.35	0.81	2.94	2.54	1.52	0.41	1.58	2.98	3.21	1.92
	0.14	0.34	0.24	0.41	0.57	0.22	0.63	0.15	0.51	0.81	0.18	0.21	0.56	0.70	0.71	0.31
Skin cancer	15.42	5.76	13.07	17.64	20.66	15.36	8.76	16.06	22.21	27.53	17.41	3.28	9.32	12.28	15.80	9.65
	0.42	1.80	1.19	1.02	1.65	0.78	1.42	0.71	1.02	2.55	0.56	0.82	1.25	1.17	1.80	0.68
Other type of cancer	18.60	14.72	19.86	23.03	23.39	21.20	17.13	17.06	21.00	20.78	18.17	12.22	15.43	20.76	16.65	16.37
	0.46	2.35	1.37	1.46	1.65	0.84	1.74	0.72	1.29	2.29	0.60	1.27	1.51	1.62	2.14	0.80



**Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)**

Community Residents<sup>1</sup>

Self-Reported Health Condition	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	35,625	596	3,758	3,311	1,276	8,941	1,607	12,706	4,919	727	19,959	1,465	2,511	1,870	853	6,699
	73	37	120	74	48	145	45	152	94	35	153	55	107	68	42	148
<b>Beneficiaries as a Percent of Column Total</b>																
<b>Mental Disorder</b>	6.55	41.83	4.17	2.71	3.32	6.00	22.37	3.23	3.22	3.99	4.80	41.36	3.99	4.62	5.28	12.50
	0.27	2.98	0.76	0.45	0.65	0.49	1.64	0.39	0.46	1.07	0.32	2.10	0.75	0.85	1.11	0.72
<b>Urinary Incontinence</b>	18.94	22.71	20.53	22.55	31.28	22.95	20.05	12.84	18.44	25.38	15.24	18.27	17.04	30.40	45.55	24.55
	0.54	2.94	1.44	1.48	2.02	1.03	1.66	0.74	1.02	2.87	0.64	1.66	1.64	1.80	2.66	1.02
<b>Smokers</b>																
Never smoked	38.71	25.40	36.91	49.46	63.83	44.63	20.87	34.52	36.25	34.84	33.86	42.02	37.09	49.90	63.60	45.12
	0.48	3.22	1.90	1.73	1.87	1.13	1.72	0.82	1.20	2.19	0.62	2.09	2.40	1.84	2.63	1.26
Former smoker	44.87	29.22	40.33	40.47	30.15	38.19	45.26	50.61	53.62	58.23	51.20	21.95	40.67	39.65	31.02	35.06
	0.55	2.56	2.01	1.72	1.83	1.20	1.95	0.97	1.14	2.31	0.67	1.66	2.62	1.89	2.58	1.26
Current smoker	16.41	45.38	22.76	10.07	6.02	17.18	33.88	14.87	10.13	6.93	14.94	36.02	22.25	10.44	5.39	19.82
	0.41	3.37	1.79	0.90	0.94	0.82	2.19	0.71	0.62	1.31	0.53	1.95	1.69	1.16	1.60	0.99

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

**Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 1993 (2 pages)**

Long-Term Care Facility-Only Residents<sup>1</sup>

Reported Health Condition <sup>2</sup>	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 000s)</b>	1,977	297	258	575	847
	71	26	36	40	33
<b>Beneficiaries as a Percent of Column Total</b>					
<b>Chronic Conditions</b>					
None	6.81	33.58	6.97	2.03	0.63
	0.81	3.64	2.72	0.95	0.38
One	8.49	16.98	10.06	9.31	4.47
	1.05	2.86	3.43	2.23	0.97
Two or more	84.70	49.44	82.97	88.67	94.90
	1.29	4.15	4.31	2.39	1.04
<b>Disease/Condition</b>					
Heart disease	55.60	19.48	45.66	58.10	69.62
	1.81	3.41	6.16	3.70	2.11
Hypertension	38.18	15.32	48.72	44.19	38.91
	1.99	3.51	5.61	3.36	2.80
Diabetes	16.66	6.83	23.97	18.97	16.32
	1.19	2.01	5.53	2.63	1.77
Arthritis	33.21	6.58	19.34	37.44	43.93
	1.79	1.86	4.13	3.85	2.38
Osteoporosis/broken hip	33.13	10.05	14.47	31.32	48.12
	1.69	3.12	4.63	2.86	2.64
Pulmonary disease	12.63	5.76	16.51	15.47	11.92
	1.04	2.49	4.26	2.32	1.33
Stroke	32.67	14.18	40.89	39.68	31.91
	1.86	3.34	6.09	3.65	2.19
Alzheimer's disease	44.48	8.97	45.28	46.38	55.41
	1.73	3.19	7.31	3.58	2.25
Parkinson's disease	6.65	0.85	6.22	8.80	7.36
	0.85	0.66	2.73	2.04	1.30
Skin cancer	4.87	0.64	5.84	5.11	5.89
	0.88	0.62	2.74	1.47	1.20
Other type of cancer	14.32	4.68	10.35	15.64	18.02
	1.23	1.50	3.81	2.55	1.70

**Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 1993 (2 pages)**

Long-Term Care Facility-Only Residents<sup>1</sup>

Reported Health Condition <sup>2</sup>	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 000s)</b>	1,977	297	258	575	847
	71	26	36	40	33
<b>Beneficiaries as a Percent of Column Total</b>					
<b>Mental Disorder</b>	29.62	57.42	42.91	31.30	14.69
	1.67	4.09	5.71	3.37	1.77
<b>Urinary Incontinence</b>	67.82	42.81	59.76	71.96	76.37
	1.86	3.72	5.25	3.34	2.25
<b>Smokers</b>					
Never smoked	74.08	61.08	51.18	72.75	86.34
	1.95	4.40	7.03	3.20	1.47
Former smoker	14.09	10.80	20.31	16.04	12.06
	1.48	3.23	6.28	2.73	1.48
Current smoker	11.83	28.12	28.51	11.21	1.60
	1.37	3.77	5.29	2.78	0.66

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term long-term care facility-only residents includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.

2 A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.



**Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

Community Residents<sup>1</sup>

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
<b>Beneficiaries as a Percent of Column Total</b>							
<b>Health Status</b>							
Excellent	16.66	14.99	8.27	19.27	17.19	16.10	22.55
	0.39	1.04	0.71	0.92	0.72	1.86	1.72
Very good	25.61	19.59	14.41	26.84	29.67	30.56	29.21
	0.57	1.17	0.99	1.07	0.91	1.93	2.17
Good	29.57	28.10	25.97	30.27	30.45	33.42	29.21
	0.56	1.36	1.23	1.00	1.00	2.41	1.71
Fair	18.90	22.85	32.05	17.03	15.95	13.56	12.80
	0.43	1.51	1.24	0.76	0.67	1.47	1.35
Poor	9.26	14.48	19.30	6.60	6.75	6.36	6.23
	0.36	1.02	1.05	0.53	0.46	1.13	0.90
<b>Functional Limitation</b>							
None	55.73	50.51	30.67	59.14	61.69	64.47	63.86
	0.64	1.47	1.52	1.11	1.00	2.10	2.07
IADL only <sup>3</sup>	22.06	25.24	31.96	20.84	18.89	17.79	20.94
	0.46	1.48	1.29	0.65	0.80	1.60	1.75
One to two ADLs <sup>4</sup>	14.03	15.37	18.92	13.56	12.91	12.79	10.67
	0.41	1.26	0.95	0.62	0.67	1.48	1.04
Three to five ADLs	8.17	8.88	18.45	6.46	6.51	4.95	4.53
	0.30	0.76	0.98	0.52	0.43	0.90	0.89
<b>Upper Extremity Limitation</b>							
No	57.54	54.18	44.00	58.59	61.91	60.48	61.87
	0.68	1.40	1.84	1.06	1.10	2.41	2.17
Yes, no ADL/IADL present	13.06	13.14	9.13	13.50	13.18	16.10	15.80
	0.40	1.09	0.78	0.78	0.77	1.71	1.82
Yes, ADL/IADL present	29.40	32.68	46.87	27.91	24.90	23.42	22.33
	0.64	1.30	1.87	0.98	0.95	1.93	1.76



**Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

Community Residents<sup>1</sup>

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
<b>Beneficiaries as a Percent of Column Total</b>							
<b>Mobility Limitation</b>							
No	54.40	48.64	33.92	57.34	59.59	60.00	62.54
	0.66	1.74	1.47	0.89	0.92	2.16	1.92
Yes, no ADL/IADL present	12.22	14.04	11.20	12.01	11.72	14.82	12.41
	0.55	1.17	1.00	0.87	0.69	1.66	1.32
Yes, ADL/IADL present	33.38	37.32	54.88	30.66	28.69	25.18	25.05
	0.56	1.56	1.57	0.92	0.81	1.95	1.68
<b>Social Activity Limitation</b>							
No	63.79	55.45	42.61	68.69	68.53	71.28	70.33
	0.68	1.44	1.62	0.94	0.99	2.01	1.84
Yes	36.21	44.55	57.39	31.31	31.47	28.72	29.67
	0.68	1.44	1.62	0.94	0.99	2.01	1.84

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> IADL stands for Instrumental Activity of Daily Living.

<sup>4</sup> ADL stands for Activity of Daily Living.

**Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

Community Residents<sup>1</sup>

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
Beneficiaries as a Percent of Column Total							
<b>Chronic Conditions</b>							
None	12.91	16.69	12.45	12.13	12.53	10.47	14.23
	0.35	1.25	0.85	0.73	0.65	1.30	1.46
One	18.83	19.50	12.33	19.74	20.13	21.24	18.63
	0.42	1.24	0.77	0.70	0.82	1.94	1.52
Two or more	68.25	63.81	75.22	68.13	67.34	68.29	67.14
	0.50	1.47	1.18	0.94	0.94	2.21	2.00
<b>Disease/Condition</b>							
Heart disease	37.41	33.78	41.01	37.59	37.69	36.21	35.46
	0.51	1.26	1.24	1.01	0.97	2.08	2.05
Hypertension	52.69	51.85	57.05	50.98	53.10	52.36	51.10
	0.58	1.65	1.42	0.90	0.98	2.42	2.24
Diabetes	17.03	18.38	24.81	14.44	16.30	13.70	16.25
	0.42	1.31	1.17	0.66	0.75	1.43	1.45
Arthritis	57.86	52.73	59.74	60.99	56.44	60.79	54.82
	0.55	1.62	1.24	0.98	1.01	2.43	1.88
Osteoporosis/broken hip	12.55	8.49	15.60	13.95	11.30	13.09	13.36
	0.34	0.69	0.89	0.58	0.57	1.67	1.46
Pulmonary disease	14.79	15.55	18.38	13.37	14.10	15.34	15.26
	0.45	1.15	1.04	0.75	0.74	1.57	1.41
Stroke	10.63	12.53	16.87	9.49	8.97	9.33	9.03
	0.33	0.98	1.00	0.62	0.49	1.53	1.14
Alzheimer's disease	2.10	1.90	4.62	1.23	2.11	1.13	1.89
	0.15	0.41	0.53	0.19	0.26	0.44	0.46
Parkinson's disease	1.49	0.96	1.67	1.81	1.47	1.65	0.78
	0.14	0.25	0.37	0.24	0.22	0.57	0.26
Skin cancer	15.42	9.81	6.95	18.13	17.37	20.65	16.97
	0.42	0.93	0.70	0.69	0.74	2.19	1.42
Other type of cancer	18.60	14.65	16.06	20.75	18.23	22.34	20.31
	0.46	1.08	0.98	0.77	0.69	1.89	1.62

**Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

Community Residents<sup>1</sup>

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,625	4,222	4,827	10,255	11,898	1,829	2,594
	73	146	173	227	228	99	97
<b>Beneficiaries as a Percent of Column Total</b>							
<b>Mental Disorder</b>	6.55	11.07	18.30	2.99	4.47	3.55	3.09
	0.27	0.83	0.86	0.33	0.45	0.68	0.60
<b>Urinary Incontinence</b>	18.94	17.58	28.06	18.38	16.81	17.03	17.97
	0.54	1.24	1.17	0.87	0.78	1.69	1.53
<b>Smokers</b>							
Never smoked	38.71	31.90	42.37	41.45	37.37	40.85	36.87
	0.48	1.53	1.32	1.01	0.77	2.15	2.07
Former smoker	44.87	40.53	33.97	45.56	49.11	46.58	48.87
	0.55	1.49	1.48	1.09	0.86	2.09	2.18
Current smoker	16.41	27.57	23.66	12.99	13.53	12.57	14.26
	0.41	1.50	1.25	0.71	0.60	1.78	1.55

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community residents includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 HMO stands for Health Maintenance Organization.



**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.80	16.01	23.51	18.55	16.15	19.53	14.09
	0.15	1.02	0.97	0.56	0.56	1.77	1.45
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	14.37	12.49	20.51	13.92	13.55	18.09	13.36
	0.24	1.59	1.77	0.87	0.70	2.54	1.92
75 - 84 years	21.56	19.18	24.67	24.29	20.18	20.82	13.95
	0.27	2.21	2.29	1.15	1.01	2.55	2.23
85 years and older	24.77	21.57	31.21	24.80	23.97	23.41	18.65
	0.79	4.02	3.23	1.56	1.89	5.01	4.23
Disabled							
Under 45 years	19.86	16.08	21.08	2.71	22.95	44.62	48.40
	0.91	2.56	1.62	2.78	4.90	30.57	21.74
45 - 64 years	20.73	19.27	26.71	20.18	16.68	20.20	15.86
	0.78	2.21	2.54	3.91	2.52	9.37	7.62
Gender							
Male	18.83	16.01	23.41	20.11	17.88	22.13	16.17
	0.26	1.31	1.35	1.01	0.85	2.50	2.10
Female	17.01	16.00	23.56	17.59	14.65	17.50	12.43
	0.19	1.54	1.20	0.70	0.69	2.33	1.93
Living Arrangement							
Lives alone	18.91	14.89	24.05	18.59	18.07	20.29	16.87
	0.70	2.20	2.21	1.10	1.22	3.65	3.26
With spouse	16.75	14.39	25.17	18.19	15.66	18.53	13.32
	0.38	1.36	1.99	0.87	0.71	1.99	1.88
With children	20.27	19.93	24.80	18.54	18.40	29.75	11.10
	1.23	3.56	2.33	2.12	2.65	8.92	4.01
With others	18.58	19.84	19.57	21.79	12.48	19.08	15.80
	1.10	2.97	1.85	3.19	2.37	9.10	5.88



**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.80	16.01	23.51	18.55	16.15	19.53	14.09
	0.15	1.02	0.97	0.56	0.56	1.77	1.45
Race/Ethnicity							
White non-Hispanic	17.89	16.80	25.04	18.83	16.04	19.28	15.30
	0.20	1.16	1.54	0.58	0.52	1.80	1.65
Black non-Hispanic	18.08	15.95	23.93	13.06	15.71	15.37	11.97
	1.17	2.17	1.86	3.52	2.99	9.10	3.82
Hispanic	15.85	11.46	20.35	11.91	18.36	24.11	2.31
	1.63	1.79	2.67	4.07	2.85	20.78	2.38
Other	18.79	12.50	17.46	26.25	18.77	62.31	14.99
	2.35	4.10	4.64	6.96	7.57	26.60	8.59
Income							
Less than \$2,500	18.16	25.92	16.73	14.19	20.49	28.55	9.66
	2.99	6.55	5.80	5.05	7.31	16.44	6.78
\$2,500 - \$4,999	18.56	12.70	22.28	18.38	21.03	51.88	0.00
	2.00	3.31	3.11	4.77	8.68	35.98	0.00
\$5,000 - \$7,499	19.49	15.12	21.45	18.27	17.94	27.15	22.12
	0.84	2.12	1.31	2.12	2.95	18.78	6.33
\$7,500 - \$9,999	21.86	18.24	28.65	21.73	20.48	32.64	14.38
	0.97	2.38	2.52	2.13	3.15	9.16	3.66
\$10,000 - \$14,999	18.14	15.16	27.03	20.06	16.68	21.93	13.15
	0.81	2.18	3.35	1.66	1.37	4.51	2.62
\$15,000 - \$19,999	17.99	16.28	39.80	19.01	15.59	28.29	16.20
	0.99	3.00	11.42	1.81	1.58	4.72	4.66
\$20,000 - \$24,999	16.87	12.96	30.64	18.50	16.52	19.62	12.24
	1.18	3.62	19.02	1.87	1.87	4.85	3.88
\$25,000 - \$29,999	15.91	26.56	0.00	13.09	18.09	7.76	14.21
	1.54	8.09	0.00	2.94	2.35	2.64	6.03
\$30,000 or more	14.41	11.80	24.65	16.35	13.79	12.95	13.55
	0.79	3.45	10.51	1.64	1.22	2.62	3.50

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.80	16.01	23.51	18.55	16.15	19.53	14.09
	0.15	1.02	0.97	0.56	0.56	1.77	1.45
Health Status							
Excellent	7.99	7.23	8.55	8.19	7.44	11.59	7.89
	0.66	1.88	1.98	1.04	1.12	3.47	2.06
Very Good	11.38	10.76	13.02	11.69	11.13	11.69	10.53
	0.48	2.04	1.78	1.25	1.03	2.65	2.02
Good	17.01	15.88	16.66	18.97	16.68	19.16	11.01
	0.53	1.80	1.85	1.35	1.07	3.39	2.51
Fair	26.85	17.80	28.69	30.33	26.03	31.86	27.58
	0.79	2.45	2.26	1.90	1.59	5.25	4.94
Poor	38.41	29.18	39.49	44.39	36.76	51.65	40.41
	1.47	3.00	2.41	3.97	3.70	9.44	7.32
Functional Limitation							
None	11.48	9.34	14.63	11.73	11.01	14.28	10.63
	0.35	1.17	1.59	0.65	0.68	2.09	1.56
IADL only <sup>4</sup>	22.38	19.64	24.17	24.40	21.58	26.16	15.67
	0.67	2.30	1.86	1.53	1.58	4.73	3.41
One to two ADLs <sup>5</sup>	26.29	23.21	24.97	29.03	25.08	28.89	27.94
	1.13	2.79	2.77	2.22	2.31	5.14	5.18
Three to five ADLs	36.38	31.27	39.22	40.01	33.95	40.82	25.22
	1.51	4.52	2.77	3.48	3.36	9.96	8.00

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.80	16.01	23.51	18.55	16.15	19.53	14.09
	0.15	1.02	0.97	0.56	0.56	1.77	1.45
Metropolitan Area Resident							
Yes	17.81	16.91	22.91	19.43	15.95	19.29	13.86
	0.28	1.27	1.21	0.81	0.72	1.92	1.54
No	17.90	14.23	25.13	16.70	17.17	20.30	18.31
	0.69	1.46	1.90	1.02	1.37	3.97	6.58

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	58.66	51.63	67.83	59.78	57.54	61.15	53.04
	0.68	1.69	1.31	1.05	1.10	2.61	2.20
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	56.09	49.21	67.55	57.16	55.07	61.59	50.10
	0.81	2.63	2.38	1.27	1.39	3.56	2.54
75 - 84 years	62.10	54.88	67.51	63.84	62.12	60.90	56.34
	1.09	2.98	2.76	2.02	1.65	3.69	3.46
85 years and older	56.90	40.72	62.35	58.35	58.43	54.67	59.69
	1.47	4.57	3.37	2.66	3.21	6.58	6.35
Disabled							
Under 45 years	62.47	51.06	66.92	54.71	64.18	100.00	90.23
	1.71	4.29	2.14	10.79	4.72	0.00	11.41
45 - 64 years	64.76	58.86	73.18	68.55	60.99	69.60	59.16
	1.73	3.20	3.15	4.33	3.45	12.43	8.39
Gender							
Male	57.29	55.01	64.44	57.68	56.82	55.95	53.89
	0.88	2.24	2.13	1.43	1.51	3.82	3.06
Female	59.72	47.16	69.70	61.07	58.17	65.20	52.36
	0.89	2.32	1.53	1.32	1.52	2.97	2.91
Living Arrangement							
Lives alone	58.83	51.70	69.95	58.57	56.12	57.35	56.64
	1.10	3.19	2.25	1.86	2.29	4.57	4.30
With spouse	58.32	50.12	69.16	60.43	58.22	62.51	51.35
	0.90	2.75	2.84	1.49	1.19	3.16	2.69
With children	60.87	47.22	68.97	62.17	59.81	71.44	53.71
	1.62	4.03	2.74	3.12	3.90	9.79	5.86
With others	57.87	61.07	62.32	56.05	49.67	54.69	55.06
	1.57	3.25	2.28	3.41	4.75	11.56	8.39



**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	58.66	51.63	67.83	59.78	57.54	61.15	53.04
	0.68	1.69	1.31	1.05	1.10	2.61	2.20
Race/Ethnicity							
White non-Hispanic	58.24	51.33	67.88	59.86	57.19	61.23	52.39
	0.75	1.74	1.74	1.12	1.14	2.67	2.45
Black non-Hispanic	59.08	51.83	69.45	58.78	55.67	56.50	48.81
	1.69	3.43	2.19	5.26	3.76	12.03	8.82
Hispanic	62.09	50.87	65.17	57.55	72.40	42.05	58.54
	3.12	4.90	4.64	8.19	4.96	21.30	7.74
Other	64.63	58.05	69.66	59.37	51.96	100.00	80.56
	3.48	11.43	5.23	9.95	8.81	0.00	9.22
Income							
Less than \$2,500	59.02	61.77	67.65	62.38	59.09	58.02	28.10
	3.32	7.62	6.06	6.42	7.23	15.88	7.09
\$2,500 - \$4,999	54.38	37.33	60.91	59.86	48.27	100.00	53.44
	3.19	6.60	4.89	6.28	10.47	0.00	18.39
\$5,000 - \$7,499	60.14	46.96	67.78	56.45	51.26	68.99	58.01
	1.23	3.28	1.56	2.90	4.52	16.84	7.09
\$7,500 - \$9,999	59.48	56.41	68.95	60.42	56.74	58.53	47.41
	1.63	3.76	3.10	3.05	3.34	11.44	6.54
\$10,000 - \$14,999	58.40	50.03	75.23	60.00	56.63	63.74	59.17
	1.43	3.15	3.46	2.26	2.50	6.05	4.41
\$15,000 - \$19,999	57.61	49.32	62.82	56.93	60.05	65.05	50.76
	1.55	5.16	12.75	2.50	2.31	6.65	5.99
\$20,000 - \$24,999	57.63	57.84	65.75	59.97	56.45	60.89	51.06
	1.80	6.08	20.68	2.72	2.51	5.81	5.31
\$25,000 - \$29,999	58.82	63.39	61.46	60.01	60.28	53.99	47.47
	2.29	10.43	34.83	4.18	3.47	7.54	7.14
\$30,000 or more	59.20	57.79	62.96	62.90	57.52	60.13	56.61
	1.36	6.25	13.46	2.38	1.80	4.36	5.03

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	58.66	51.63	67.83	59.78	57.54	61.15	53.04
	0.68	1.69	1.31	1.05	1.10	2.61	2.20
Health Status							
Excellent	45.78	36.32	43.64	47.59	48.18	39.41	46.14
	1.34	3.77	4.40	2.16	2.29	5.59	4.51
Very Good	51.70	42.68	56.12	53.26	52.51	53.21	47.22
	1.07	4.12	3.90	1.95	1.94	4.05	3.49
Good	60.76	51.66	64.88	62.12	60.04	73.44	55.92
	1.03	2.92	2.67	1.72	1.58	3.54	4.68
Fair	69.45	60.85	75.13	73.32	68.12	66.25	59.09
	1.13	3.55	2.02	2.04	2.16	5.62	5.38
Poor	73.82	64.85	80.83	76.39	68.66	81.43	78.85
	1.57	3.19	2.66	3.08	4.01	5.34	6.50
Functional Limitation							
None	52.93	43.39	61.26	53.47	53.76	56.69	49.52
	0.89	2.23	2.52	1.40	1.34	3.31	2.58
IADL only <sup>4</sup>	64.06	60.77	68.30	66.73	62.60	60.06	56.39
	1.15	3.00	2.24	2.14	2.10	5.09	4.69
One to two ADLs <sup>5</sup>	66.74	57.85	70.98	70.30	64.07	80.00	59.75
	1.53	3.14	2.74	2.57	2.54	5.24	5.99
Three to five ADLs	71.56	61.82	77.51	73.40	68.05	76.43	74.58
	1.99	5.43	3.52	3.43	4.18	6.05	7.12

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	58.66	51.63	67.83	59.78	57.54	61.15	53.04
	0.68	1.69	1.31	1.05	1.10	2.61	2.20
Metropolitan Area Resident							
Yes	57.30	52.48	68.47	57.17	56.50	57.78	51.65
	0.81	2.28	1.59	1.31	1.32	2.87	2.20
No	62.75	50.11	66.80	65.24	61.78	71.98	78.16
	1.25	2.63	2.27	1.68	1.53	5.64	4.90

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.



**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.77	83.17	91.42	94.53	94.37	96.02	94.19
	0.28	1.32	0.70	0.46	0.57	1.08	1.03
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	91.58	81.39	89.93	92.88	93.07	94.34	92.75
	0.49	2.37	1.62	0.79	0.88	1.77	1.61
75 - 84 years	95.84	85.86	96.05	96.98	96.82	98.01	97.01
	0.39	1.91	1.07	0.58	0.60	1.23	0.99
85 years and older	95.37	88.56	95.81	95.66	96.88	98.58	96.04
	0.61	2.99	1.21	1.16	1.02	1.47	2.28
Disabled							
Under 45 years	87.21	80.61	87.57	100.00	94.84	100.00	90.23
	1.50	4.30	1.82	0.00	2.35	0.00	11.41
45 - 64 years	89.56	83.51	89.06	92.21	94.76	100.00	91.52
	1.10	2.86	2.16	3.29	1.66	0.00	6.01
Gender							
Male	90.98	81.87	85.61	93.38	93.38	97.10	93.64
	0.48	1.69	1.60	0.98	0.83	1.65	1.51
Female	94.15	84.89	94.63	95.23	95.22	95.17	94.64
	0.38	2.14	0.78	0.51	0.72	1.47	1.41
Living Arrangement							
Lives alone	92.58	80.92	90.80	95.05	94.97	96.02	92.56
	0.61	2.70	1.61	0.86	1.04	1.78	2.15
With spouse	93.73	84.54	92.28	94.87	94.61	97.08	95.40
	0.38	1.79	1.57	0.72	0.67	1.31	1.34
With children	91.54	81.95	94.32	93.88	92.79	83.96	92.26
	1.11	4.17	1.44	1.64	2.78	9.03	3.19
With others	88.38	83.40	88.36	89.75	90.58	92.93	91.53
	1.02	2.85	1.69	2.80	2.51	5.27	4.70



**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.77	83.17	91.42	94.53	94.37	96.02	94.19
	0.28	1.32	0.70	0.46	0.57	1.08	1.03
Race/Ethnicity							
White non-Hispanic	93.42	83.39	91.94	94.82	94.55	96.10	94.27
	0.30	1.61	1.12	0.49	0.61	1.10	1.28
Black non-Hispanic	89.44	83.84	91.91	91.04	91.64	91.61	90.84
	0.94	2.35	1.46	3.51	2.06	8.61	3.21
Hispanic	88.54	77.79	88.78	87.46	94.28	100.00	98.96
	1.49	4.96	1.96	5.80	1.88	0.00	0.94
Other	93.79	89.65	94.65	100.00	93.16	100.00	89.09
	2.28	6.46	3.79	0.00	5.90	0.00	6.76
Income							
Less than \$2,500	91.25	95.42	89.59	87.93	95.28	100.00	84.07
	2.03	2.73	4.54	4.71	3.36	0.00	9.16
\$2,500 - \$4,999	87.58	70.41	89.50	94.85	100.00	100.00	100.00
	1.94	6.09	2.05	3.22	0.00	0.00	0.00
\$5,000 - \$7,499	89.39	77.29	91.15	91.14	93.15	100.00	98.49
	0.89	2.63	0.89	1.91	2.83	0.00	1.15
\$7,500 - \$9,999	91.51	82.89	92.54	95.36	93.04	91.86	90.61
	0.92	2.92	2.17	0.96	2.24	5.14	4.05
\$10,000 - \$14,999	92.59	82.99	92.40	95.72	94.52	94.91	90.63
	0.69	2.74	2.41	1.03	1.13	2.27	2.98
\$15,000 - \$19,999	92.70	86.24	92.63	92.20	93.98	93.57	95.75
	0.89	3.28	9.82	1.79	1.35	3.91	1.77
\$20,000 - \$24,999	94.03	88.35	92.16	95.17	93.68	96.42	94.40
	0.86	3.66	7.45	1.40	1.40	2.49	3.00
\$25,000 - \$29,999	96.58	97.24	100.00	97.04	96.21	96.88	96.62
	0.81	2.98	0.00	1.57	1.32	3.07	2.51
\$30,000 or more	95.48	91.29	100.00	96.14	94.59	97.82	97.83
	0.58	2.74	0.00	0.93	0.99	1.07	1.43

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO <sup>2</sup>	
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance		Both Types of Private Insurance
Percent of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.77	83.17	91.42	94.53	94.37	96.02	94.19
	0.28	1.32	0.70	0.46	0.57	1.08	1.03
Health Status							
Excellent	87.81	68.90	82.31	90.17	91.25	91.29	90.19
	0.74	3.70	3.49	1.30	1.57	3.25	2.84
Very Good	91.47	76.99	86.23	92.74	93.88	94.35	93.85
	0.63	3.79	2.63	1.21	0.85	2.52	1.75
Good	93.93	84.75	89.30	96.52	95.16	97.76	95.83
	0.55	2.31	1.72	0.65	0.83	1.37	1.92
Fair	95.99	90.56	95.55	97.57	96.72	100.00	98.16
	0.60	1.92	1.08	0.93	1.28	0.00	1.31
Poor	95.24	91.62	95.90	97.34	95.24	98.21	94.35
	0.92	2.18	1.60	1.19	2.00	1.84	4.12
Functional Limitation							
None	90.76	76.92	86.74	92.51	92.92	94.01	93.86
	0.43	2.16	1.63	0.77	0.77	1.64	1.23
IADL only <sup>4</sup>	95.15	88.27	92.84	96.94	97.58	100.00	95.16
	0.47	2.14	1.13	0.75	0.59	0.00	2.42
One to two ADLs <sup>5</sup>	95.21	89.88	93.04	97.57	96.05	100.00	93.83
	0.61	2.48	2.07	0.86	1.11	0.00	3.19
Three to five ADLs	96.38	92.87	96.39	98.89	95.80	97.71	95.48
	0.78	2.35	1.33	0.84	2.16	2.18	4.70

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO <sup>2</sup>	
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance		Both Types of Private Insurance
Percent of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.77	83.17	91.42	94.53	94.37	96.02	94.19
	0.28	1.32	0.70	0.46	0.57	1.08	1.03
Metropolitan Area Resident							
Yes	92.99	83.34	92.17	94.62	94.36	95.56	93.87
	0.34	1.52	0.87	0.55	0.70	1.29	1.08
No	92.22	82.76	89.93	94.35	94.58	97.49	100.00
	0.61	2.58	1.10	0.86	0.82	1.76	0.00

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Dental Service							
All Beneficiaries	40.11	21.22	20.61	43.49	48.54	52.87	44.03
	0.64	1.28	1.09	0.94	1.02	2.42	1.99
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	44.26	22.65	17.22	47.79	51.30	54.61	47.12
	0.89	1.89	2.12	1.38	1.25	3.46	2.94
75 - 84 years	38.25	16.91	15.90	40.39	46.75	51.01	42.47
	0.86	2.34	2.00	1.49	1.65	3.35	3.81
85 years and older	26.81	12.66	8.15	30.81	33.84	49.56	26.64
	1.35	2.81	2.22	2.08	3.13	7.08	5.43
Disabled							
Under 45 years	37.37	28.95	36.31	47.41	53.39	100.00	37.22
	2.05	3.42	2.80	9.78	5.84	0.00	21.18
45 - 64 years	30.83	22.98	26.85	39.72	38.86	42.06	36.47
	1.58	2.87	2.76	5.89	3.65	11.95	9.86
Gender							
Male	39.74	23.21	22.78	42.40	47.77	50.01	43.67
	0.90	1.73	1.73	1.33	1.55	3.61	3.33
Female	40.39	18.60	19.41	44.17	49.22	55.10	44.32
	0.77	1.89	1.39	1.25	1.23	2.80	2.62
Living Arrangement							
Lives alone	38.63	22.17	18.29	43.19	48.81	52.84	43.07
	0.96	2.51	1.94	1.70	2.14	3.73	3.98
With spouse	45.06	22.88	24.38	46.96	50.41	53.70	46.44
	0.86	1.84	2.49	1.49	1.14	3.23	2.61
With children	24.16	13.71	17.23	31.04	28.41	37.57	34.91
	1.32	2.72	2.19	2.96	3.61	9.28	5.75
With others	30.60	21.00	23.59	29.57	48.73	56.22	38.15
	1.60	2.68	2.03	3.60	4.41	12.02	9.06



**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Dental Service							
All Beneficiaries	40.11	21.22	20.61	43.49	48.54	52.87	44.03
	0.64	1.28	1.09	0.94	1.02	2.42	1.99
Race/Ethnicity							
White non-Hispanic	43.32	23.63	23.17	44.41	49.81	53.42	46.00
	0.70	1.80	1.61	0.98	1.11	2.45	2.30
Black non-Hispanic	19.95	14.34	15.55	16.39	34.46	27.57	22.37
	1.39	2.51	1.95	4.36	3.44	11.41	5.02
Hispanic	29.19	23.52	19.49	39.06	42.06	75.89	44.52
	2.22	4.50	1.74	5.79	4.77	20.78	8.51
Other	28.97	5.93	20.78	46.15	42.57	67.43	43.65
	3.82	4.42	5.00	11.07	8.72	24.58	15.52
Income							
Less than \$2,500	30.44	13.21	18.21	40.46	41.12	59.46	15.94
	3.10	5.16	4.65	6.47	7.74	14.84	8.93
\$2,500 - \$4,999	20.04	13.08	15.76	21.24	39.64	48.12	64.48
	2.34	4.60	3.05	4.39	10.74	35.98	16.68
\$5,000 - \$7,499	20.40	16.99	18.13	23.99	28.26	19.17	26.27
	1.09	2.65	1.41	2.38	4.40	9.90	6.18
\$7,500 - \$9,999	25.44	18.03	21.39	29.24	26.74	46.23	26.37
	1.25	2.87	2.43	2.44	3.22	9.48	4.63
\$10,000 - \$14,999	34.91	21.21	35.36	37.03	36.69	45.67	40.59
	1.17	2.44	4.41	1.85	2.20	4.96	4.09
\$15,000 - \$19,999	39.02	22.54	36.24	45.17	36.79	38.95	46.94
	1.44	3.85	12.62	2.55	2.18	5.29	5.37
\$20,000 - \$24,999	46.82	24.69	26.45	49.89	47.72	47.57	50.41
	1.65	4.91	14.76	2.96	2.37	6.86	5.66
\$25,000 - \$29,999	51.35	47.17	100.00	48.66	53.16	50.24	51.96
	2.05	8.19	0.00	4.30	3.39	6.97	8.11
\$30,000 or more	67.42	39.78	30.57	68.79	70.31	70.48	58.84
	1.18	6.15	13.68	1.87	1.59	3.78	4.80

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Dental Service							
All Beneficiaries	40.11	21.22	20.61	43.49	48.54	52.87	44.03
	0.64	1.28	1.09	0.94	1.02	2.42	1.99
Health Status							
Excellent	47.85	23.68	24.14	49.31	56.12	57.42	51.01
	1.40	3.26	4.40	2.16	2.37	5.84	4.66
Very Good	47.09	25.97	22.48	47.10	54.47	61.07	46.80
	1.22	3.39	3.13	1.76	1.88	4.16	3.18
Good	40.55	21.75	21.91	43.21	48.44	48.91	43.67
	0.97	2.35	1.96	1.74	1.77	4.57	3.99
Fair	30.84	19.18	18.39	37.59	37.65	44.06	35.00
	1.19	2.35	1.74	2.04	2.07	6.54	4.43
Poor	23.60	13.81	19.44	28.90	27.90	41.53	26.78
	1.34	2.36	2.35	3.49	3.71	7.78	6.35
Functional Limitation							
None	46.02	22.89	22.11	48.09	54.06	55.25	47.20
	0.80	1.76	1.92	1.16	1.27	3.10	2.36
IADL only <sup>4</sup>	34.20	19.53	20.94	37.03	42.53	52.21	44.14
	1.04	2.36	1.85	1.77	1.97	5.05	4.44
One to two ADLs <sup>5</sup>	34.13	19.43	24.39	39.10	39.03	48.70	34.76
	1.25	2.57	2.72	2.23	2.57	5.56	5.56
Three to five ADLs	23.65	19.69	12.15	31.33	29.46	33.64	16.89
	1.61	3.79	2.19	3.37	3.40	8.32	7.95

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Dental Service							
All Beneficiaries	40.11	21.22	20.61	43.49	48.54	52.87	44.03
	0.64	1.28	1.09	0.94	1.02	2.42	1.99
Metropolitan Area Resident							
Yes	42.41	23.38	22.63	45.61	50.17	54.71	44.21
	0.76	1.61	1.23	1.26	1.17	2.79	2.11
No	33.43	16.88	15.89	39.06	42.00	46.94	40.86
	1.14	1.91	2.15	1.34	1.90	4.69	6.95

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 HMO stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	84.88	75.67	87.64	85.65	85.14	90.03	87.26
	0.34	1.38	0.88	0.79	0.66	1.43	1.31
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	82.71	72.51	85.70	82.34	83.45	88.66	86.40
	0.59	2.31	2.19	1.20	0.96	2.13	1.82
75 - 84 years	88.40	79.04	91.80	89.80	87.62	92.35	88.88
	0.53	2.23	1.48	0.96	1.05	2.42	2.22
85 years and older	88.37	76.89	91.38	90.55	89.44	86.85	85.58
	0.88	4.46	2.27	1.48	1.66	4.59	4.37
Disabled							
Under 45 years	79.56	73.09	81.54	82.16	82.98	100.00	67.81
	1.52	3.70	2.26	9.34	3.61	0.00	21.49
45 - 64 years	86.57	80.71	89.78	83.18	88.88	100.00	94.09
	1.17	2.66	1.90	4.07	2.87	0.00	3.93
Gender							
Male	81.71	73.29	80.18	81.97	83.25	89.64	87.80
	0.56	2.01	1.68	1.38	0.95	2.28	1.92
Female	87.33	78.82	91.75	87.91	86.78	90.33	86.84
	0.46	2.00	1.10	0.78	0.86	1.91	1.84
Living Arrangement							
Lives alone	84.91	72.22	87.26	86.05	85.76	89.83	87.63
	0.74	2.74	1.92	1.16	1.63	3.03	2.54
With spouse	85.02	77.29	87.43	85.41	85.26	90.73	86.58
	0.53	2.04	1.61	0.98	0.86	1.76	1.96
With children	85.91	78.26	90.79	84.97	85.40	83.96	88.70
	1.29	4.04	1.78	2.78	2.46	9.03	3.58
With others	82.76	73.34	85.35	86.94	80.45	87.29	90.34
	1.24	3.73	1.61	2.62	3.49	7.57	4.05



**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	84.88	75.67	87.64	85.65	85.14	90.03	87.26
	0.34	1.38	0.88	0.79	0.66	1.43	1.31
Race/Ethnicity							
White non-Hispanic	85.03	77.31	86.91	85.69	84.93	90.34	86.51
	0.37	1.41	1.24	0.81	0.69	1.43	1.61
Black non-Hispanic	83.88	74.40	90.33	84.44	83.86	84.25	90.16
	1.33	2.85	1.94	4.07	3.30	10.44	2.91
Hispanic	85.48	68.21	87.88	89.13	93.56	80.16	90.70
	1.73	5.48	1.85	3.69	2.18	18.53	5.43
Other	81.80	68.46	82.53	85.40	83.82	92.58	91.78
	3.88	13.03	5.59	9.22	7.91	10.07	6.10
Income							
Less than \$2,500	82.04	75.95	85.33	84.61	84.69	100.00	64.11
	2.74	7.24	5.32	4.82	5.13	0.00	10.53
\$2,500 - \$4,999	82.82	70.35	84.74	88.84	88.61	100.00	87.31
	2.26	5.57	2.53	3.91	7.39	0.00	11.15
\$5,000 - \$7,499	83.83	69.54	87.26	83.72	88.39	100.00	87.64
	1.10	3.18	1.27	2.65	2.71	0.00	4.40
\$7,500 - \$9,999	83.35	73.07	90.11	83.33	85.79	88.15	85.54
	1.10	2.97	1.82	2.15	2.54	5.91	4.39
\$10,000 - \$14,999	85.89	79.65	88.62	86.14	85.94	90.93	92.14
	0.91	2.16	2.88	1.82	1.69	3.09	2.17
\$15,000 - \$19,999	83.47	74.97	92.63	84.69	82.85	87.32	87.97
	1.21	3.69	9.82	2.09	1.92	4.52	3.40
\$20,000 - \$24,999	86.78	83.68	68.00	87.54	86.67	90.97	84.56
	1.16	5.14	17.44	2.25	1.71	3.02	3.97
\$25,000 - \$29,999	86.02	84.93	100.00	84.05	88.05	79.12	87.65
	1.70	6.82	0.00	3.32	2.22	6.07	5.18
\$30,000 or more	85.94	80.68	94.49	87.82	83.70	92.97	87.74
	0.99	4.38	4.35	1.59	1.50	1.91	3.34

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	84.88	75.67	87.64	85.65	85.14	90.03	87.26
	0.34	1.38	0.88	0.79	0.66	1.43	1.31
Health Status							
Excellent	71.60	59.35	64.52	72.45	74.03	72.98	77.54
	1.26	3.72	4.42	2.12	2.24	4.72	3.58
Very Good	82.00	70.79	81.43	83.32	81.50	89.83	86.46
	0.87	3.77	2.96	1.47	1.34	2.63	2.40
Good	87.23	75.16	84.71	88.59	89.21	92.76	90.42
	0.67	2.51	1.55	1.26	1.15	2.20	2.36
Fair	93.35	85.40	94.37	95.42	93.53	100.00	94.89
	0.64	2.10	0.93	1.03	1.32	0.00	2.03
Poor	92.71	84.56	96.01	95.01	92.11	98.21	95.43
	0.96	3.45	1.11	1.39	2.18	1.84	3.33
Functional Limitation							
None	80.49	69.02	80.35	80.77	81.67	86.11	85.05
	0.55	2.15	2.11	1.19	0.85	2.14	1.64
IADL only <sup>4</sup>	89.84	81.68	90.91	91.30	90.46	96.37	90.69
	0.74	2.48	1.23	1.33	1.22	2.02	2.99
One to two ADLs <sup>5</sup>	90.64	83.82	89.46	93.84	90.26	98.09	89.88
	0.84	2.53	2.21	1.15	1.97	1.96	3.78
Three to five ADLs	93.00	82.39	93.86	95.05	94.43	97.71	98.19
	0.96	4.74	1.60	1.47	1.49	2.18	1.84

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percent of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	84.88	75.67	87.64	85.65	85.14	90.03	87.26
	0.34	1.38	0.88	0.79	0.66	1.43	1.31
Metropolitan Area Resident							
Yes	85.40	77.57	87.66	86.15	85.38	89.92	86.94
	0.43	1.80	1.11	1.05	0.71	1.69	1.33
No	83.51	71.66	87.47	84.61	84.77	90.40	93.15
	0.74	2.46	1.55	1.26	1.70	2.40	5.67

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 HMO stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	Medicare	Supplemental Health Insurance <sup>2</sup>	
		Fee-for-Service Only	Medicaid	Private Insurance
Percent of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.23	8.97	29.42	3.10
	0.28	0.84	1.21	0.20
Medicare Status <sup>3</sup>				
Aged				
65 - 74 years	2.48	2.16	16.62	0.71
	0.26	0.71	1.86	0.17
75 - 84 years	9.70	10.45	33.04	5.03
	0.55	1.75	2.40	0.46
85 years and older	32.98	42.42	65.36	14.05
	1.15	4.11	2.16	1.13
Disabled				
Under 45 years	12.18	7.71	16.64	2.32
	1.17	2.18	1.79	1.12
45 - 64 years	7.15	4.50	17.14	0.60
	0.79	1.50	2.38	0.34
Gender				
Male	6.44	5.90	26.69	2.71
	0.38	0.76	1.96	0.29
Female	9.57	12.75	30.85	3.38
	0.33	1.65	1.16	0.28
Marital Status				
Married	2.95	3.93	18.89	1.53
	0.22	0.65	2.04	0.20
Widowed	14.72	16.83	37.54	6.30
	0.64	2.43	1.90	0.53
Divorced/separated	6.68	5.99	15.20	1.03
	0.66	1.58	1.65	0.43
Never married	21.63	14.07	34.46	8.64
	1.45	3.05	2.18	1.58



**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	Medicare	Supplemental Health Insurance <sup>2</sup>	
		Fee-for-Service Only	Medicaid	Private Insurance
Percent of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.23	8.97	29.42	3.10
	0.28	0.84	1.21	0.20
Race/Ethnicity				
White non-Hispanic	8.49	11.54	39.55	3.24
	0.30	1.06	1.40	0.22
Black non-Hispanic	7.60	1.84	18.06	0.94
	0.86	0.76	2.14	0.48
Hispanic	3.73	2.57	6.79	0.99
	0.59	1.21	1.23	0.72
Other	7.96	5.05	12.09	3.45
	1.84	3.54	2.77	2.61
Income				
Less than \$2,500	10.34	9.96	29.08	3.32
	1.74	3.84	5.14	1.32
\$2,500 - \$4,999	18.12	2.97	30.38	2.19
	1.98	1.59	3.74	1.30
\$5,000 - \$7,499	18.74	8.78	27.97	6.11
	0.96	1.47	1.39	0.91
\$7,500 - \$9,999	10.30	7.15	26.45	5.13
	0.88	1.44	2.37	0.74
\$10,000 - \$14,999	7.41	8.80	32.95	3.85
	0.48	1.54	3.31	0.45
\$15,000 - \$19,999	5.06	10.96	50.26	2.87
	0.44	2.38	7.68	0.36
\$20,000 - \$24,999	3.31	9.43	59.93	2.05
	0.54	2.87	10.39	0.45
\$25,000 - \$29,999	3.43	12.99	81.72	2.46
	0.78	6.24	14.25	0.67
\$30,000 or more	2.80	14.04	32.51	1.81
	0.36	3.89	8.51	0.30

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service	Supplemental Health Insurance <sup>2</sup>	
		Only	Medicaid	Private Insurance
Percent of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.23	8.97	29.42	3.10
	0.28	0.84	1.21	0.20
Health Status				
Excellent	2.20	1.63	16.22	0.70
	0.27	0.77	2.41	0.20
Very Good	4.17	6.18	24.28	1.69
	0.36	1.56	2.54	0.27
Good	8.57	10.81	32.89	3.05
	0.42	1.34	1.94	0.39
Fair	14.60	13.22	33.31	5.87
	0.80	1.72	2.24	0.65
Poor	14.72	9.06	26.44	8.96
	0.90	2.02	2.14	1.18
Functional Limitation				
None	0.57	0.54	1.26	0.52
	0.11	0.21	0.50	0.12
IADL only <sup>4</sup>	4.35	2.40	10.29	2.64
	0.40	0.65	1.25	0.38
One to two ADLs <sup>5</sup>	12.53	12.34	28.63	7.13
	1.00	2.35	2.65	0.81
Three to five ADLs	43.49	42.54	66.78	18.55
	1.49	3.00	2.09	1.70

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	Medicare	Supplemental Health Insurance <sup>2</sup>	
		Fee-for-Service Only	Medicaid	Private Insurance
Percent of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.23	8.97	29.42	3.10
	0.28	0.84	1.21	0.20
Metropolitan Area Resident				
Yes	7.96	8.63	29.57	3.15
	0.30	0.84	1.34	0.23
No	9.04	9.68	29.30	2.95
	0.62	1.82	2.48	0.41

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The 8.23 percent of Medicare beneficiaries with a facility stay differs from the 7.03 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or created through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 1993, but who had individually-purchased private insurance, employer-sponsored private insurance, unknown purchaser for private insurance, or who were enrolled in a private HMO are included in the category "Private Insurance."
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1993 (3 pages)**

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Total Medical Services</b>						
All beneficiaries	\$273,564	51.41	13.96	9.49	19.74	5.39
	6,181	0.93	0.68	0.40	0.55	0.66
Beneficiaries 65 years and older	234,533	53.28	12.39	9.72	21.08	3.54
	4,695	0.87	0.59	0.40	0.64	0.46
Beneficiaries 64 years and younger	39,031	40.23	23.44	8.09	11.72	16.52
	2,632	2.24	2.33	0.89	0.82	3.12
<b>Inpatient Hospital Services</b>						
All beneficiaries	86,653	87.31	1.51	6.06	4.08	1.04
	2,418	1.33	0.11	0.45	1.49	0.24
Beneficiaries 65 years and older	76,457	87.75	1.22	5.85	4.12	1.06
	2,311	1.48	0.11	0.46	1.69	0.27
Beneficiaries 64 years and younger	10,196	84.06	3.68	7.62	3.76	0.88
	701	2.31	0.39	1.56	1.15	0.25
<b>Outpatient Hospital Services</b>						
All beneficiaries	20,610	61.62	4.46	21.58	9.49	2.85
	673	0.74	0.44	0.72	0.44	0.29
Beneficiaries 65 years and older	16,989	61.72	3.30	23.01	9.53	2.45
	579	0.82	0.37	0.77	0.52	0.29
Beneficiaries 64 years and younger	3,621	61.15	9.92	14.88	9.32	4.72
	268	1.79	1.79	1.53	0.77	0.83
<b>Physician/Supplier Services</b>						
All beneficiaries	59,484	60.42	3.87	16.40	18.05	1.25
	1,144	0.88	0.49	1.00	0.45	0.15
Beneficiaries 65 years and older	52,509	61.30	2.90	16.67	18.24	0.89
	1,076	0.96	0.52	1.08	0.49	0.09
Beneficiaries 64 years and younger	6,974	53.83	11.21	14.37	16.63	3.96
	361	2.01	1.21	1.74	0.97	0.91



**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1993 (3 pages)**

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Dental Services</b>						
All beneficiaries	\$5,365	0.09	1.65	15.12	81.57	1.57
	219	0.03	0.20	1.17	1.16	0.30
Beneficiaries 65 years and older	4,998	0.10	0.87	15.01	82.68	1.34
	208	0.04	0.17	1.23	1.23	0.30
Beneficiaries 64 years and younger	368	0.06	12.25	16.57	66.44	4.67
	35	0.04	2.11	2.14	3.42	1.49
<b>Prescription Medicines</b>						
All beneficiaries	17,718	0.29	11.69	25.55	54.88	7.58
	272	0.12	0.57	0.69	0.72	0.46
Beneficiaries 65 years and older	15,058	0.18	8.72	25.94	58.01	7.15
	251	0.05	0.52	0.67	0.77	0.50
Beneficiaries 64 years and younger	2,660	0.93	28.51	23.35	37.19	10.02
	103	0.71	2.04	2.24	1.59	1.32
<b>Medicare Hospice Services</b>						
All beneficiaries	862	100.00	0.00	0.00	0.00	0.00
	142	0.00	0.00	0.00	0.00	0.00
Beneficiaries 65 years and older	813	100.00	0.00	0.00	0.00	0.00
	138	0.00	0.00	0.00	0.00	0.00
Beneficiaries 64 years and younger	49	100.00	0.00	0.00	0.00	0.00
	23	0.00	0.00	0.00	0.00	0.00
<b>Medicare Home Health Services</b>						
All beneficiaries	11,610	88.04	1.12	1.19	8.90	0.75
	918	4.67	0.50	0.61	4.77	0.17
Beneficiaries 65 years and older	10,801	88.82	0.48	0.86	9.20	0.64
	888	5.03	0.30	0.63	5.11	0.16
Beneficiaries 64 years and younger	809	77.72	9.62	5.58	4.87	2.21
	150	7.19	5.90	2.22	3.04	0.85

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1993 (3 pages)**

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Long-Term Facility Care<sup>1</sup></b>						
All beneficiaries	\$71,262	7.31	44.04	1.44	31.78	15.44
	4,354	0.65	1.79	0.24	1.78	2.15
Beneficiaries 65 years and older	56,908	8.34	43.28	1.60	37.30	9.48
	2,845	0.68	1.80	0.22	1.70	1.73
Beneficiaries 64 years and younger	14,354	3.20	47.04	0.79	9.89	39.08
	2,173	1.22	6.17	0.77	1.63	6.66

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$73,246	86.52	1.09	6.76	4.48	1.15	\$2,095
	2,428	1.56	0.11	0.55	1.75	0.28	69
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	32,300	87.34	0.70	6.57	3.54	1.85	1,712
	1,364	1.32	0.12	0.73	0.78	0.65	72
75 - 84 years	26,257	85.92	0.87	6.35	6.38	0.48	2,665
	1,865	4.38	0.25	0.78	4.76	0.22	190
85 years and older	5,933	90.00	1.34	6.53	1.60	0.53	2,283
	394	0.88	0.22	0.79	0.43	0.32	140
<b>Disabled</b>							
Under 45 years	2,800	82.17	4.50	9.80	2.55	0.97	2,219
	322	4.38	0.67	4.21	0.78	0.32	254
45 - 64 years	5,956	83.24	2.28	8.44	5.03	1.00	2,507
	550	3.68	0.35	2.04	1.98	0.39	237
<b>Gender</b>							
Male	37,422	83.62	0.82	7.10	6.93	1.52	2,459
	2,104	3.11	0.17	0.79	3.33	0.44	136
Female	35,823	89.54	1.37	6.40	1.93	0.76	1,815
	1,375	0.69	0.13	0.57	0.29	0.33	70
<b>Living Arrangement</b>							
Lives alone	17,906	89.46	1.36	5.94	2.09	1.15	2,074
	966	1.12	0.19	0.68	0.65	0.64	112
With spouse	39,035	83.18	0.61	8.41	6.59	1.21	1,972
	2,123	2.81	0.17	0.97	3.22	0.39	107
With children	8,971	91.68	1.84	3.83	1.39	1.26	2,519
	871	1.31	0.28	0.64	0.25	1.18	227
With others	7,327	90.75	2.07	3.61	2.87	0.69	2,471
	933	1.07	0.33	0.75	0.90	0.29	296

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$73,246	86.52	1.09	6.76	4.48	1.15	\$2,095
	2,428	1.56	0.11	0.55	1.75	0.28	69
<b>Race/Ethnicity</b>							
White non-Hispanic	58,499	87.74	0.73	7.79	2.89	0.84	2,010
	1,896	0.81	0.12	0.58	0.43	0.18	62
Black non-Hispanic	7,120	88.78	2.98	2.64	2.88	2.71	2,243
	727	2.32	0.46	0.59	1.52	1.92	224
Hispanic	5,726	71.53	2.08	2.07	23.80	0.53	2,889
	1,711	16.06	0.55	1.01	17.31	0.39	847
Other	1,801	85.24	2.04	4.57	1.25	6.89	2,867
	417	6.13	0.72	2.37	0.35	5.87	605
<b>Income</b>							
Less than \$2,500	2,535	89.44	0.73	8.39	1.12	0.32	3,007
	693	1.83	0.33	1.79	0.41	0.34	792
\$2,500 - \$4,999	3,140	54.02	2.12	1.26	42.53	0.06	3,137
	1,361	25.74	0.93	0.67	27.12	0.07	1,389
\$5,000 - \$7,499	11,003	86.23	3.53	4.75	4.23	1.27	2,174
	796	2.90	0.32	1.71	1.55	0.94	151
\$7,500 - \$9,999	9,954	90.76	1.67	4.90	2.25	0.42	2,352
	858	1.25	0.30	0.82	0.82	0.19	189
\$10,000 - \$14,999	14,717	89.60	0.95	5.52	2.48	1.45	2,264
	1,488	1.24	0.40	0.69	0.51	0.74	227
\$15,000 - \$19,999	9,821	92.01	0.09	5.88	1.41	0.60	2,027
	904	0.81	0.05	0.69	0.24	0.32	181
\$20,000 - \$24,999	7,068	85.71	0.03	8.58	2.71	2.97	1,831
	770	2.50	0.03	1.33	1.44	1.92	190
\$25,000 - \$29,999	3,299	80.66	0.00	11.96	3.56	3.82	1,653
	475	4.57	0.00	3.80	1.17	2.19	239
\$30,000 or more	11,708	84.90	0.06	11.10	3.56	0.38	1,768
	914	2.10	0.04	1.62	1.36	0.14	134



**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$73,246	86.52	1.09	6.76	4.48	1.15	\$2,095
	2,428	1.56	0.11	0.55	1.75	0.28	69
<b>Health Status</b>							
Excellent	5,516	89.28	0.49	4.82	4.72	0.69	938
	562	2.32	0.14	0.88	1.73	0.66	94
Very Good	10,688	87.10	0.52	8.41	2.98	0.98	1,188
	712	1.79	0.09	1.44	1.11	0.54	75
Good	20,849	82.46	0.84	6.11	9.32	1.27	2,021
	1,885	4.88	0.29	1.18	5.84	0.60	180
Fair	18,838	86.81	1.38	7.38	2.37	2.06	2,892
	1,187	1.72	0.17	1.02	0.68	0.87	158
Poor	17,025	89.92	1.64	6.36	1.81	0.27	5,458
	1,520	1.01	0.24	0.96	0.33	0.07	442
<b>Functional Limitation</b>							
None	24,976	87.88	0.81	6.91	3.04	1.37	1,262
	1,447	1.21	0.24	0.83	0.66	0.52	72
IADL only <sup>4</sup>	21,526	89.57	1.13	6.50	1.68	1.12	2,772
	1,320	1.24	0.12	1.04	0.24	0.64	170
One to two ADLs <sup>5</sup>	14,209	76.97	0.99	7.97	12.92	1.15	2,958
	1,639	7.42	0.20	1.38	8.19	0.62	328
Three to five ADLs	12,295	89.56	1.66	5.38	2.62	0.78	4,777
	1,056	1.31	0.27	0.52	1.16	0.47	416

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$73,246	86.52	1.09	6.76	4.48	1.15	\$2,095
	2,428	1.56	0.11	0.55	1.75	0.28	69
Metropolitan Area Resident							
Yes	57,580	87.07	1.00	6.42	4.62	0.89	2,225
	2,407	1.92	0.13	0.63	2.22	0.29	92
No	15,666	84.49	1.41	8.01	3.99	2.10	1,737
	1,115	2.16	0.17	1.09	1.02	0.75	127

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$18,164	59.37	3.90	23.59	10.00	3.15	\$520
	623	0.76	0.49	0.77	0.50	0.33	18
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	8,617	58.35	2.87	24.85	10.51	3.42	457
	451	1.22	0.63	1.18	0.81	0.52	24
75 - 84 years	5,401	61.08	2.25	25.90	8.78	1.98	548
	298	1.42	0.45	1.21	0.73	0.29	31
85 years and older	912	60.59	2.46	22.52	13.98	0.45	351
	59	1.85	0.44	1.49	1.75	0.15	21
<b>Disabled</b>							
Under 45 years	1,129	63.78	9.65	12.13	8.54	5.90	895
	130	2.74	1.15	2.38	1.36	1.66	103
45 - 64 years	2,104	56.20	9.87	19.08	10.13	4.73	885
	233	2.91	2.86	2.36	1.29	1.09	94
<b>Gender</b>							
Male	8,883	56.00	3.24	24.46	11.40	4.90	584
	450	1.23	0.80	0.92	0.91	0.57	29
Female	9,281	62.59	4.53	22.75	8.66	1.47	470
	402	0.98	0.62	1.01	0.44	0.25	20
<b>Living Arrangement</b>							
Lives alone	4,346	60.96	5.48	22.71	8.88	1.96	503
	277	1.51	1.21	1.82	0.92	0.31	31
With spouse	10,094	56.47	2.08	27.15	11.08	3.23	510
	458	0.90	0.66	0.87	0.69	0.48	23
With children	1,926	66.57	8.35	14.11	8.07	2.91	541
	216	2.08	1.06	1.89	1.03	0.73	57
With others	1,796	64.04	5.53	15.89	8.76	5.79	606
	241	1.86	0.87	1.64	1.34	1.34	75

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$18,164	59.37	3.90	23.59	10.00	3.15	\$520
	623	0.76	0.49	0.77	0.50	0.33	18
<b>Race/Ethnicity</b>							
White non-Hispanic	14,259	57.54	2.00	27.10	10.41	2.95	490
	474	0.80	0.35	0.73	0.57	0.33	16
Black non-Hispanic	2,128	65.26	11.75	10.06	7.39	5.55	670
	231	2.16	3.00	1.30	0.90	1.27	72
Hispanic	1,265	67.29	9.23	10.94	10.89	1.64	638
	329	2.91	1.82	2.11	1.54	0.63	159
Other	484	65.97	11.31	13.16	7.19	2.36	771
	104	3.71	3.20	4.19	1.83	1.11	141
<b>Income</b>							
Less than \$2,500	394	65.44	5.43	19.34	6.26	3.53	467
	68	2.75	1.59	2.77	1.20	2.06	73
\$2,500 - \$4,999	545	67.71	8.51	14.81	6.26	2.72	544
	107	4.50	1.18	4.30	1.86	1.25	103
\$5,000 - \$7,499	2,628	66.76	11.76	10.94	7.88	2.66	519
	254	1.62	1.29	1.29	0.95	0.69	50
\$7,500 - \$9,999	2,508	65.36	8.20	14.66	8.86	2.92	593
	344	2.46	2.33	1.50	0.89	0.92	79
\$10,000 - \$14,999	3,345	60.58	3.26	21.95	10.04	4.17	514
	291	1.30	1.13	1.33	0.88	0.98	44
\$15,000 - \$19,999	2,322	57.04	0.21	28.77	11.30	2.68	479
	200	2.04	0.15	1.51	1.12	0.71	39
\$20,000 - \$24,999	1,999	58.84	0.26	29.16	8.17	3.58	518
	189	2.27	0.21	2.53	0.94	1.03	50
\$25,000 - \$29,999	1,061	50.37	0.00	32.24	13.68	3.71	531
	158	4.67	0.00	3.54	3.42	1.27	76
\$30,000 or more	3,362	50.60	0.19	34.07	12.55	2.59	508
	245	2.59	0.17	1.77	1.82	0.63	33



**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$18,164	59.37	3.90	23.59	10.00	3.15	\$520
	623	0.76	0.49	0.77	0.50	0.33	18
<b>Health Status</b>							
Excellent	1,517	59.15	2.05	25.25	10.45	3.09	258
	102	1.81	0.53	1.93	1.16	0.61	16
Very Good	3,102	54.18	1.63	28.35	12.65	3.19	345
	184	1.76	0.35	1.16	1.65	0.63	19
Good	4,778	57.98	2.35	26.00	9.87	3.80	463
	245	0.84	0.31	1.06	0.74	0.71	22
Fair	5,020	61.82	4.16	22.24	9.00	2.79	771
	319	1.75	0.60	1.40	0.66	0.60	51
Poor	3,692	62.56	8.24	17.83	9.08	2.29	1,184
	428	2.01	2.04	1.64	0.97	0.47	131
<b>Functional Limitation</b>							
None	7,784	56.09	1.87	27.73	10.57	3.75	393
	311	1.17	0.26	0.86	0.82	0.56	15
IADL only <sup>4</sup>	4,968	63.17	4.70	20.25	9.36	2.52	640
	335	1.37	0.78	1.18	1.00	0.52	44
One to two ADLs <sup>5</sup>	3,095	59.52	3.44	24.02	9.77	3.25	644
	254	1.73	0.59	1.69	0.92	0.63	49
Three to five ADLs	2,310	62.16	9.64	16.24	9.69	2.27	898
	361	2.53	2.83	1.95	1.28	0.85	133

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$18,164	59.37	3.90	23.59	10.00	3.15	\$520
	623	0.76	0.49	0.77	0.50	0.33	18
Metropolitan Area Resident							
Yes	13,825	59.48	4.01	23.50	9.95	3.06	534
	589	0.94	0.57	0.90	0.61	0.34	23
No	4,326	59.17	3.54	23.69	10.17	3.43	480
	219	1.17	0.97	1.54	0.88	0.80	25

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$53,003	58.36	3.73	17.82	18.73	1.37	\$1,516
	1,097	0.94	0.55	1.10	0.51	0.16	31
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	25,287	57.03	2.85	20.21	18.75	1.17	1,340
	820	1.70	1.01	2.11	0.77	0.16	45
75 - 84 years	17,292	62.94	2.22	16.07	17.94	0.83	1,755
	582	0.93	0.47	0.57	0.66	0.15	60
85 years and older	4,096	57.67	3.96	13.57	24.52	0.28	1,576
	239	1.84	0.93	0.76	2.26	0.07	84
<b>Disabled</b>							
Under 45 years	1,873	51.95	16.85	11.06	13.95	6.19	1,484
	168	3.22	2.37	2.34	1.09	2.86	131
45 - 64 years	4,455	51.48	8.84	17.81	18.35	3.52	1,875
	328	2.96	1.52	2.62	1.47	0.71	137
<b>Gender</b>							
Male	23,422	59.65	2.70	17.53	18.15	1.96	1,539
	617	0.74	0.38	0.56	0.61	0.33	39
Female	29,581	57.34	4.54	18.05	19.18	0.89	1,499
	960	1.50	0.90	1.85	0.79	0.11	48
<b>Living Arrangement</b>							
Lives alone	12,952	60.60	5.73	13.93	18.58	1.16	1,500
	515	1.60	1.92	0.59	0.80	0.20	56
With spouse	29,313	58.02	1.50	19.78	19.36	1.35	1,481
	738	0.80	0.27	0.64	0.53	0.25	36
With children	6,545	55.51	6.80	19.58	16.79	1.33	1,837
	793	5.86	1.31	8.11	2.34	0.33	201
With others	4,192	58.33	8.31	13.37	17.80	2.19	1,414
	304	2.08	1.15	1.45	1.55	0.54	86

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$53,003	58.36	3.73	17.82	18.73	1.37	\$1,516
	1,097	0.94	0.55	1.10	0.51	0.16	31
<b>Race/Ethnicity</b>							
White non-Hispanic	44,051	57.00	2.48	19.70	19.53	1.29	1,514
	1,036	1.14	0.63	1.33	0.55	0.19	35
Black non-Hispanic	4,429	61.14	10.88	9.17	16.43	2.38	1,395
	304	2.02	1.65	0.96	1.45	0.53	93
Hispanic	3,374	68.33	9.47	7.43	13.61	1.17	1,702
	350	1.86	0.93	1.32	1.59	0.37	165
Other	1,074	71.01	6.89	9.55	11.65	0.90	1,710
	209	2.19	1.53	1.69	1.74	0.41	286
<b>Income</b>							
Less than \$2,500	1,160	61.27	3.89	12.80	20.21	1.82	1,376
	183	2.93	0.94	1.93	3.15	0.73	176
\$2,500 - \$4,999	1,418	66.86	10.15	7.73	14.13	1.12	1,416
	173	1.52	1.85	1.38	1.21	0.36	160
\$5,000 - \$7,499	6,988	62.93	13.16	8.85	13.95	1.12	1,381
	379	1.61	1.39	0.87	1.04	0.29	74
\$7,500 - \$9,999	6,747	63.31	5.75	12.87	16.78	1.28	1,594
	421	1.54	0.94	0.81	1.21	0.25	81
\$10,000 - \$14,999	10,187	59.22	4.26	14.88	20.21	1.44	1,567
	621	2.03	2.45	0.74	1.39	0.29	90
\$15,000 - \$19,999	7,178	58.37	0.19	19.53	20.52	1.38	1,482
	416	1.46	0.07	1.09	0.95	0.38	75
\$20,000 - \$24,999	6,129	51.26	0.04	29.93	17.23	1.54	1,588
	668	6.08	0.02	7.84	1.78	0.44	165
\$25,000 - \$29,999	2,900	53.49	0.01	22.73	22.65	1.12	1,453
	262	2.60	0.01	1.81	2.41	0.34	122
\$30,000 or more	10,296	55.26	0.27	22.24	20.78	1.45	1,555
	478	1.23	0.13	0.94	0.81	0.55	64



**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$53,003	58.36	3.73	17.82	18.73	1.37	\$1,516
	1,097	0.94	0.55	1.10	0.51	0.16	31
<b>Health Status</b>							
Excellent	4,711	54.78	1.47	18.08	24.87	0.80	801
	263	1.36	0.38	0.72	1.13	0.20	40
Very Good	9,447	54.89	1.35	20.77	21.74	1.25	1,050
	376	1.00	0.22	0.98	0.86	0.19	34
Good	14,642	60.32	2.14	17.21	18.91	1.41	1,419
	584	0.85	0.36	0.61	0.87	0.24	50
Fair	13,732	57.53	4.55	18.61	17.34	1.97	2,108
	824	3.06	0.63	4.00	1.13	0.48	114
Poor	10,276	61.42	8.13	14.95	14.63	0.87	3,294
	712	2.12	2.41	1.25	0.93	0.19	201
<b>Functional Limitation</b>							
None	20,906	58.39	1.46	19.04	19.94	1.18	1,056
	638	0.68	0.15	0.48	0.55	0.16	27
IADL only <sup>4</sup>	13,994	62.44	3.39	15.61	17.29	1.26	1,802
	566	0.94	0.31	0.74	0.62	0.24	65
One to two ADLs <sup>5</sup>	9,984	52.96	3.73	22.42	19.41	1.48	2,078
	841	3.98	0.88	5.32	1.76	0.28	165
Three to five ADLs	8,058	57.87	10.17	12.85	17.30	1.80	3,131
	591	2.41	3.05	0.84	1.13	0.69	207

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$53,003	58.36	3.73	17.82	18.73	1.37	\$1,516
	1,097	0.94	0.55	1.10	0.51	0.16	31
Metropolitan Area Resident							
Yes	41,291	58.63	3.25	18.34	18.40	1.37	1,595
	1,037	1.09	0.30	1.37	0.62	0.19	40
No	11,663	57.64	5.40	15.67	19.95	1.34	1,293
	483	1.72	2.21	0.72	0.76	0.37	54

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$5,346	0.09	1.64	15.12	81.60	1.55	\$153
	218	0.03	0.20	1.17	1.16	0.30	6
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	3,397	0.08	0.72	17.71	80.35	1.14	180
	165	0.04	0.18	1.65	1.64	0.25	9
75 - 84 years	1,365	0.12	1.30	9.01	87.70	1.87	138
	88	0.08	0.39	1.04	1.34	0.88	9
85 years and older	218	0.16	0.30	10.46	88.13	0.95	84
	25	0.15	0.14	2.55	2.74	0.72	9
<b>Disabled</b>							
Under 45 years	100	0.15	19.54	20.65	54.79	4.86	79
	12	0.09	4.34	5.39	4.91	2.04	9
45 - 64 years	266	0.03	9.47	15.11	70.91	4.48	112
	33	0.04	2.29	2.51	4.16	1.84	14
<b>Gender</b>							
Male	2,343	0.02	1.27	18.46	77.78	2.46	154
	120	0.01	0.25	2.06	1.95	0.61	8
Female	3,004	0.15	1.93	12.51	84.57	0.84	152
	158	0.06	0.30	1.08	1.17	0.24	8
<b>Living Arrangement</b>							
Lives alone	1,159	0.05	2.62	10.96	84.54	1.83	134
	82	0.04	0.64	1.39	1.66	0.88	9
With spouse	3,587	0.07	0.49	17.30	80.62	1.52	181
	168	0.03	0.14	1.56	1.54	0.31	8
With children	324	0.55	6.33	10.20	81.58	1.34	91
	42	0.36	1.80	2.00	2.83	0.64	11
With others	277	0.02	6.89	9.96	81.97	1.16	93
	40	0.01	1.95	2.33	3.13	0.69	13

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$5,346	0.09	1.64	15.12	81.60	1.55	\$153
	218	0.03	0.20	1.17	1.16	0.30	6
<b>Race/Ethnicity</b>							
White non-Hispanic	4,853	0.08	1.02	14.79	82.77	1.35	167
	207	0.03	0.19	1.21	1.19	0.29	7
Black non-Hispanic	235	0.45	5.63	26.98	65.36	1.59	74
	37	0.45	1.59	6.37	6.12	0.72	12
Hispanic	204	0.04	9.21	12.02	74.05	4.67	103
	29	0.05	2.19	2.99	4.47	2.90	16
Other	48	0.10	12.52	5.58	72.74	9.06	77
	12	0.09	5.94	2.34	7.62	7.88	18
<b>Income</b>							
Less than \$2,500	71	0.02	3.77	19.31	74.70	2.21	84
	13	0.01	2.29	8.55	8.22	1.58	15
\$2,500 - \$4,999	33	0.06	6.62	3.39	87.50	2.43	33
	7	0.05	2.73	2.06	4.09	1.81	6
\$5,000 - \$7,499	240	0.01	14.67	7.02	76.43	1.87	47
	34	0.00	3.20	2.52	4.25	0.94	7
\$7,500 - \$9,999	396	0.46	7.56	16.06	75.64	0.29	94
	60	0.30	1.88	7.35	7.02	0.23	14
\$10,000 - \$14,999	745	0.02	2.27	9.72	86.00	1.98	115
	58	0.01	0.67	1.38	1.95	0.92	8
\$15,000 - \$19,999	690	0.07	0.00	12.53	84.00	3.40	142
	66	0.06	0.00	2.31	2.55	1.57	13
\$20,000 - \$24,999	661	0.26	0.00	14.92	82.96	1.85	171
	64	0.16	0.00	2.47	2.61	0.82	16
\$25,000 - \$29,999	405	0.10	0.09	21.30	77.73	0.77	203
	51	0.06	0.10	3.46	3.45	0.38	25
\$30,000 or more	2,107	0.01	0.02	17.54	81.41	1.02	318
	136	0.01	0.01	1.72	1.72	0.25	18



**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$5,346	0.09	1.64	15.12	81.60	1.55	\$153
	218	0.03	0.20	1.17	1.16	0.30	6
<b>Health Status</b>							
Excellent	1,248	0.10	0.33	18.97	79.85	0.75	212
	116	0.06	0.13	3.46	3.48	0.31	18
Very Good	1,609	0.01	0.55	13.69	84.40	1.36	179
	116	0.00	0.19	1.57	1.64	0.51	12
Good	1,458	0.06	1.44	15.17	81.59	1.75	141
	85	0.04	0.34	1.43	1.48	0.75	8
Fair	734	0.22	4.79	13.30	79.24	2.45	113
	71	0.15	1.11	2.16	2.37	0.81	10
Poor	283	0.39	6.57	9.34	80.74	2.97	91
	38	0.35	1.60	2.31	3.28	1.23	12
<b>Functional Limitation</b>							
None	3,579	0.07	0.78	15.66	82.29	1.20	181
	175	0.03	0.18	1.52	1.53	0.30	8
IADL only <sup>4</sup>	884	0.14	3.45	14.87	80.35	1.19	114
	65	0.11	0.69	1.91	2.18	0.41	8
One to two ADLs <sup>5</sup>	653	0.19	3.19	13.01	81.91	1.70	136
	73	0.16	0.99	2.69	2.64	0.60	15
Three to five ADLs	224	0.07	3.66	12.37	75.66	8.23	87
	32	0.07	1.47	3.01	5.32	4.61	12

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$5,346	0.09	1.64	15.12	81.60	1.55	\$153
	218	0.03	0.20	1.17	1.16	0.30	6
Metropolitan Area Resident							
Yes	4,505	0.09	1.75	15.51	81.01	1.64	174
	211	0.04	0.23	1.32	1.32	0.35	8
No	823	0.09	1.03	11.80	85.97	1.11	91
	55	0.08	0.26	1.41	1.41	0.26	6

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$17,507	0.30	11.60	25.63	54.86	7.61	\$501
	277	0.12	0.57	0.71	0.71	0.48	8
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	8,532	0.09	7.85	29.99	54.37	7.70	452
	177	0.04	0.67	0.98	0.99	0.75	9
75 - 84 years	5,063	0.35	8.59	21.46	63.18	6.42	514
	131	0.13	0.73	0.93	1.16	0.68	13
85 years and older	1,262	0.16	13.49	17.46	62.15	6.74	486
	61	0.08	1.75	1.47	2.13	1.38	20
<b>Disabled</b>							
Under 45 years	774	0.43	44.58	18.57	27.75	8.67	613
	52	0.58	3.37	3.51	2.15	1.53	40
45 - 64 years	1,875	1.14	21.86	25.47	40.95	10.59	789
	96	0.98	2.34	2.58	2.36	1.62	40
<b>Gender</b>							
Male	7,125	0.53	8.86	27.84	52.89	9.87	468
	166	0.28	0.73	1.28	1.04	0.81	11
Female	10,382	0.13	13.48	24.11	56.22	6.06	526
	203	0.03	0.71	0.79	0.91	0.53	10
<b>Living Arrangement</b>							
Lives alone	4,209	0.79	16.43	19.61	54.84	8.32	487
	122	0.46	1.23	1.24	1.52	0.95	12
With spouse	9,899	0.17	4.18	31.51	57.21	6.92	500
	234	0.06	0.47	0.89	0.88	0.69	11
With children	1,903	0.04	28.09	15.66	48.35	7.85	534
	107	0.02	2.38	1.69	1.91	1.08	25
With others	1,496	0.04	26.07	16.32	47.71	9.86	505
	77	0.02	2.25	1.71	1.97	1.73	23

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$17,507	0.30	11.60	25.63	54.86	7.61	\$501
	277	0.12	0.57	0.71	0.71	0.48	8
<b>Race/Ethnicity</b>							
White non-Hispanic	14,855	0.31	7.66	27.36	57.36	7.32	510
	271	0.13	0.46	0.77	0.76	0.52	9
Black non-Hispanic	1,462	0.25	32.30	15.66	40.00	11.79	460
	65	0.31	2.42	1.98	1.83	1.84	20
Hispanic	936	0.24	34.25	16.94	43.16	5.40	472
	82	0.19	3.67	4.06	2.71	1.21	28
Other	222	0.04	38.21	13.74	38.07	9.94	354
	30	0.01	7.29	3.71	4.98	3.23	38
<b>Income</b>							
Less than \$2,500	441	0.03	19.65	22.17	52.37	5.77	523
	56	0.01	3.62	5.37	4.64	1.96	53
\$2,500 - \$4,999	397	0.01	40.14	7.20	47.16	5.48	397
	44	0.01	3.94	2.32	3.59	1.53	34
\$5,000 - \$7,499	2,589	0.89	44.43	7.96	39.77	6.96	512
	104	0.72	1.98	1.18	1.73	0.90	16
\$7,500 - \$9,999	2,024	0.09	18.78	12.51	56.82	11.80	478
	104	0.04	2.28	1.48	2.36	1.51	19
\$10,000 - \$14,999	3,194	0.17	6.06	24.82	59.94	9.01	491
	124	0.06	0.77	1.21	1.44	1.20	15
\$15,000 - \$19,999	2,509	0.23	1.30	30.56	60.43	7.48	518
	137	0.19	0.75	2.25	2.13	1.37	23
\$20,000 - \$24,999	2,020	0.15	0.12	31.63	61.64	6.47	524
	109	0.07	0.07	1.64	1.93	1.15	23
\$25,000 - \$29,999	955	0.19	0.07	34.01	57.16	8.56	478
	82	0.12	0.05	2.96	2.89	2.27	33
\$30,000 or more	3,378	0.33	0.73	40.80	52.85	5.29	510
	129	0.18	0.41	1.67	1.61	0.73	16



**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$17,507	0.30	11.60	25.63	54.86	7.61	\$501
	277	0.12	0.57	0.71	0.71	0.48	8
<b>Health Status</b>							
Excellent	1,511	0.19	5.39	28.17	59.93	6.32	257
	82	0.08	1.08	1.97	1.97	1.07	12
Very Good	3,279	0.31	5.33	29.77	58.37	6.23	364
	121	0.18	0.82	1.41	1.56	0.95	11
Good	5,232	0.14	8.89	28.04	55.97	6.95	507
	178	0.06	0.94	1.33	1.24	0.78	15
Fair	4,711	0.18	15.59	22.51	53.32	8.40	723
	158	0.10	1.11	1.15	1.23	0.92	22
Poor	2,715	0.86	20.92	19.88	48.46	9.87	870
	146	0.68	1.83	1.58	1.84	1.43	35
<b>Functional Limitation</b>							
None	7,216	0.27	5.88	29.38	58.30	6.17	365
	174	0.11	0.58	1.00	1.05	0.57	7
IADL only <sup>4</sup>	4,724	0.06	15.92	22.91	53.09	8.02	608
	159	0.03	1.19	1.30	1.34	0.76	17
One to two ADLs <sup>5</sup>	3,469	0.25	14.28	23.22	52.91	9.33	722
	163	0.08	1.29	1.57	1.62	1.20	25
Three to five ADLs	2,087	0.99	17.12	22.89	50.23	8.77	811
	130	0.90	1.60	1.76	2.23	1.38	39

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$17,507	0.30	11.60	25.63	54.86	7.61	\$501
	277	0.12	0.57	0.71	0.71	0.48	8
<b>Metropolitan Area Resident</b>							
Yes	13,052	0.36	11.19	27.63	52.43	8.40	504
	253	0.16	0.66	0.77	0.85	0.59	9
No	4,450	0.12	12.78	19.77	62.02	5.32	493
	150	0.03	1.06	1.52	1.18	0.60	16

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (3 pages)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$69,138	5.16	45.33	1.11	32.57	15.83	26,163
	4,320	0.54	1.81	0.24	1.87	2.20	1,208
<b>Medicare Status<sup>4</sup></b>							
<b>Aged</b>							
65 - 74 years	9,759	6.18	51.28	1.49	15.80	25.24	26,828
	1,670	1.96	7.02	0.74	3.12	8.04	3,343
75 - 84 years	18,976	5.89	41.09	1.45	43.13	8.44	22,790
	1,419	0.85	2.71	0.42	2.85	1.76	1,034
85 years and older	26,197	5.75	45.06	0.90	43.43	4.86	23,433
	1,271	0.71	1.96	0.25	1.77	0.88	734
<b>Disabled</b>							
Under 45 years	8,100	3.45	43.81	1.34	7.37	44.04	50,586
	1,364	2.16	7.07	1.35	1.46	8.24	6,238
45 - 64 years	6,106	1.03	52.21	0.00	13.39	33.37	36,338
	1,146	0.56	7.80	0.00	2.85	8.54	4,840
<b>Gender</b>							
Male	25,352	5.78	42.02	1.14	23.04	28.03	29,015
	3,006	1.03	4.32	0.31	2.56	4.70	2,438
Female	43,786	4.81	47.25	1.09	38.09	8.76	24,755
	1,980	0.61	1.67	0.34	1.72	1.45	795
<b>Race/Ethnicity</b>							
White non-Hispanic	59,125	4.90	44.28	1.05	34.97	14.79	25,891
	3,887	0.55	1.99	0.20	2.14	2.35	1,285
Black non-Hispanic	5,878	6.91	55.43	0.12	14.08	23.46	26,872
	959	2.33	6.57	0.17	3.00	6.43	2,858
Hispanic	2,005	7.63	47.27	1.33	13.12	30.65	33,412
	461	4.31	9.73	1.47	4.69	11.78	7,032
Other	997	11.20	40.77	10.85	19.97	17.20	26,810
	318	5.68	9.61	10.86	8.69	9.49	4,457

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (3 pages)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$69,138	5.16	45.33	1.11	32.57	15.83	26,163
	4,320	0.54	1.81	0.24	1.87	2.20	1,208
<b>Income</b>							
Less than \$2,500	2,218	2.91	48.61	0.00	30.15	18.33	26,538
	468	0.82	6.88	0.00	8.60	6.39	3,453
\$2,500 - \$4,999	5,747	4.10	68.20	0.00	14.26	13.44	27,460
	754	1.30	3.97	0.00	2.18	4.06	2,234
\$5,000 - \$7,499	30,347	4.72	53.78	0.44	18.15	22.92	28,494
	2,468	0.86	3.18	0.36	1.44	3.93	1,617
\$7,500 - \$9,999	9,913	5.45	53.39	1.60	30.87	8.69	26,726
	1,351	1.36	3.88	0.62	3.81	1.91	2,972
\$10,000 - \$14,999	9,326	6.80	32.53	1.88	51.56	7.23	23,025
	829	1.67	3.72	0.71	4.02	2.08	1,311
\$15,000 - \$19,999	4,510	4.14	19.07	3.67	64.50	8.61	20,476
	500	1.04	3.87	1.24	4.96	3.01	1,250
\$20,000 - \$24,999	2,310	7.11	12.26	1.87	69.97	8.80	22,823
	501	3.27	5.45	0.97	6.53	4.72	2,469
\$25,000 - \$29,999	937	0.00	12.76	3.95	82.03	1.27	18,888
	311	0.00	7.07	4.94	9.66	1.44	4,137
\$30,000 or more	3,830	8.21	11.36	1.38	61.59	17.46	27,836
	701	1.63	5.01	0.92	7.55	7.10	3,107
<b>Health Status</b>							
Excellent	2,565	2.02	57.05	0.04	21.20	19.69	24,378
	475	0.97	7.96	0.04	4.59	6.42	3,930
Very Good	9,137	5.24	39.70	0.62	28.66	25.78	29,315
	1,362	2.09	5.99	0.37	4.81	7.89	2,896
Good	23,550	4.13	44.56	0.98	30.08	20.25	28,236
	2,078	0.77	2.60	0.36	2.63	3.98	1,829
Fair	25,094	4.78	50.29	0.71	35.13	9.09	25,999
	1,873	0.74	2.94	0.23	2.76	1.53	1,344
Poor	8,673	9.67	35.78	3.43	39.74	11.37	20,535
	821	1.99	3.78	1.40	3.91	2.81	1,322



**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (3 pages)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$69,138	5.16	45.33	1.11	32.57	15.83	26,163
	4,320	0.54	1.81	0.24	1.87	2.20	1,208
<b>Functional Limitation</b>							
None	390	30.81	13.70	10.45	31.21	13.82	8,856
	151	8.29	8.51	6.76	11.56	3.93	2,856
IADL only <sup>5</sup>	5,738	6.44	41.57	1.28	16.15	34.56	24,879
	851	3.24	6.64	0.61	2.93	6.29	3,014
One to two ADLs <sup>6</sup>	12,891	4.13	38.38	0.78	36.62	20.09	23,195
	1,423	1.29	3.80	0.32	3.70	4.97	1,814
Three to five ADLs	46,800	5.24	50.02	0.94	34.73	9.07	27,279
	2,808	0.61	2.25	0.22	2.07	2.13	1,192
<b>Metropolitan Area Resident</b>							
Yes	53,928	5.36	44.72	1.14	31.70	17.08	28,881
	4,069	0.67	2.20	0.29	2.28	2.73	1,665
No	15,210	4.47	47.50	0.99	35.66	11.38	19,619
	1,349	0.85	3.55	0.43	2.69	2.04	998

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term long-term care facility residents includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year, and facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year. However, in contrast with table 4.1, facility expenditures in table 4.7 do not include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.
- 4 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 5 IADL stands for Instrumental Activity of Daily Living.
- 6 ADL stands for Activity of Daily Living.

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,166	\$3,686	\$7,244	\$5,051	\$5,018	\$5,786
	102	244	543	161	188	590
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	4,335	3,344	6,274	4,093	4,176	6,009
	104	405	659	210	217	938
75 - 84 years	6,131	4,231	8,616	6,204	6,158	5,325
	245	452	1,656	289	365	558
85 years and older	6,189	4,632	7,354	5,646	7,330	4,962
	371	776	919	451	1,150	672
<b>Disabled</b>						
Under 45 years	5,426	2,824	5,897	3,160	6,761	22,863
	407	406	455	856	1,224	12,410
45 - 64 years	6,503	3,919	8,696	8,472	6,377	6,988
	414	479	1,212	2,414	688	2,561
<b>Gender</b>						
Male	5,487	3,904	7,903	5,720	5,304	6,219
	175	395	1,129	329	241	1,059
Female	4,918	3,397	6,882	4,640	4,771	5,447
	125	298	468	198	272	602
<b>Living Arrangement</b>						
Lives alone	5,138	3,364	7,079	5,077	4,862	5,471
	170	423	817	265	285	768
With spouse	4,915	3,253	8,953	4,771	4,974	5,166
	144	260	1,719	217	208	602
With children	6,225	4,714	7,394	5,683	6,525	6,337
	410	1,065	799	631	1,190	1,688
With others	5,652	4,764	5,535	6,680	4,113	15,667
	410	959	530	864	522	8,331

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,166	\$3,686	\$7,244	\$5,051	\$5,018	\$5,786
	102	244	543	161	188	590
<b>Race/Ethnicity</b>						
White non-Hispanic	5,044	3,784	7,007	5,041	4,888	5,847
	89	282	648	157	184	616
Black non-Hispanic	5,444	3,590	7,227	3,715	6,031	2,527
	382	586	758	854	1,047	833
Hispanic	6,189	3,336	8,266	3,890	7,104	4,046
	1,095	546	2,277	852	1,489	1,847
Other	6,379	3,191	6,028	14,489	4,737	15,727
	925	918	1,027	5,813	1,764	4,506
<b>Income</b>						
Less than \$2,500	5,789	6,466	5,361	4,909	4,640	22,646
	962	2,707	1,578	1,320	933	16,515
\$2,500 - \$4,999	5,872	3,942	7,332	5,178	5,617	8,865
	1,416	1,385	3,068	1,063	1,627	250
\$5,000 - \$7,499	5,214	2,739	6,145	4,812	4,660	7,241
	246	393	406	531	722	3,653
\$7,500 - \$9,999	5,645	4,131	8,624	5,200	5,127	8,918
	318	560	1,204	486	722	2,296
\$10,000 - \$14,999	5,473	3,427	11,891	5,719	5,272	6,423
	340	501	2,943	495	522	1,395
\$15,000 - \$19,999	4,883	3,592	5,566	5,015	4,771	6,825
	241	378	1,325	379	395	1,652
\$20,000 - \$24,999	4,845	3,469	7,419	4,611	4,972	5,896
	255	690	2,963	382	565	1,432
\$25,000 - \$29,999	4,564	4,485	1,953	4,264	5,081	2,613
	419	1,248	308	736	610	634
\$30,000 or more	4,911	4,762	8,603	4,862	5,050	3,945
	189	985	4,632	386	341	431



**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,166	\$3,686	\$7,244	\$5,051	\$5,018	\$5,786
	102	244	543	161	188	590
<b>Health Status</b>						
Excellent	2,579	1,799	2,480	2,137	2,647	4,619
	141	477	311	155	222	1,656
Very Good	3,293	2,396	3,846	3,118	3,477	3,279
	109	343	628	241	228	429
Good	4,860	3,616	6,587	4,834	4,736	5,186
	222	413	1,443	318	309	703
Fair	7,172	4,733	6,810	7,855	8,094	7,425
	236	670	488	416	526	985
Poor	12,263	5,852	13,886	15,334	12,279	20,240
	698	672	1,493	1,712	1,380	6,608
<b>Functional Limitation</b>						
None	3,342	2,030	4,435	3,086	3,403	4,094
	94	242	784	133	156	523
IADL only <sup>4</sup>	6,181	4,768	5,932	6,947	6,345	8,478
	239	594	532	500	457	1,751
One to two ADLs <sup>5</sup>	7,149	4,932	8,848	7,151	7,164	7,512
	432	639	1,842	477	729	906
Three to five ADLs	12,350	7,943	14,265	12,712	13,101	13,917
	768	1,110	1,673	1,238	1,650	6,959



**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,166	\$3,686	\$7,244	\$5,051	\$5,018	\$5,786
	102	244	543	161	188	590
<b>Metropolitan Area Resident</b>						
Yes	5,439	3,986	7,837	5,436	5,221	5,863
	136	272	714	225	234	709
No	4,405	3,085	5,938	4,244	4,295	5,537
	191	489	711	264	229	964

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for Personal health care expenditures in Appendix B, for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,091	\$10,197	\$13,279	\$10,186	\$11,130	\$12,986
	375	885	1,656	422	488	1,904
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	11,094	12,738	12,091	10,287	10,659	15,750
	484	1,954	1,493	758	733	3,372
75 - 84 years	11,639	10,289	17,777	10,490	11,720	9,567
	853	1,488	5,785	719	894	1,064
85 years and older	8,717	8,059	8,975	7,948	10,733	7,749
	494	1,530	1,067	799	1,146	1,073
<b>Disabled</b>						
Under 45 years	11,061	5,514	11,600	1,104	11,188	34,501
	1,367	703	1,345	0	2,713	0
45 - 64 years	11,824	8,266	13,204	14,638	12,593	14,698
	1,223	1,143	2,287	5,459	2,151	6,460
<b>Gender</b>						
Male	12,399	11,313	18,142	11,549	11,446	14,439
	687	1,463	4,264	739	590	3,250
Female	9,974	8,721	10,616	9,228	10,796	11,553
	396	936	959	624	813	2,284
<b>Living Arrangement</b>						
Lives alone	10,357	9,828	12,266	10,291	9,873	9,364
	495	1,253	1,818	896	774	1,326
With spouse	11,041	8,610	18,294	9,702	11,364	12,361
	590	887	5,975	539	650	2,029
With children	11,735	11,644	11,048	12,238	12,757	7,660
	862	2,746	1,164	1,848	1,885	2,762
With others	12,738	13,318	11,258	11,136	10,529	51,900
	1,235	3,034	1,163	1,499	2,205	25,955

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,091	\$10,197	\$13,279	\$10,186	\$11,130	\$12,986
	375	885	1,656	422	488	1,904
<b>Race/Ethnicity</b>						
White non-Hispanic	10,625	10,129	12,101	9,970	10,695	13,407
	330	1,046	1,729	428	516	2,006
Black non-Hispanic	11,567	9,733	11,154	8,908	16,977	2,316
	1,070	1,727	1,646	3,009	3,043	1,892
Hispanic	16,852	11,869	20,821	10,853	13,578	8,447
	4,728	3,253	8,102	3,827	3,920	0
Other	14,321	12,122	12,009	28,915	11,118	11,673
	2,878	4,875	2,627	11,878	5,679	2,324
<b>Income</b>						
Less than \$2,500	15,422	16,123	13,424	16,876	7,456	54,222
	4,272	7,254	5,863	9,062	1,432	35,119
\$2,500 - \$4,999	16,491	17,835	19,832	9,292	10,540	5,722
	7,163	6,132	13,682	2,776	3,631	0
\$5,000 - \$7,499	10,695	8,451	11,495	9,186	10,989	9,052
	658	1,163	973	1,068	2,418	864
\$7,500 - \$9,999	10,090	10,115	11,143	9,506	9,747	12,902
	613	1,418	1,607	899	1,158	2,606
\$10,000 - \$14,999	11,764	9,586	21,963	11,174	11,314	13,934
	1,075	2,027	8,113	1,162	1,176	3,865
\$15,000 - \$19,999	10,629	8,878	3,468	10,482	11,675	12,296
	896	1,783	1,250	1,015	1,775	3,835
\$20,000 - \$24,999	10,164	8,508	9,349	9,070	9,876	13,815
	836	2,660	3,113	872	1,238	4,346
\$25,000 - \$29,999	9,538	7,660	0	11,278	9,814	8,117
	1,263	2,315	0	2,983	1,631	3,724
\$30,000 or more	11,462	14,586	17,240	9,742	12,730	8,279
	615	3,675	9,065	1,126	1,061	1,502



**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,091	\$10,197	\$13,279	\$10,186	\$11,130	\$12,986
	375	885	1,656	422	488	1,904
<b>Health Status</b>						
Excellent	9,486	12,310	7,269	6,676	10,038	20,961
	1,036	3,925	1,342	\$1,188	1,399	8,140
Very Good	9,247	8,825	11,243	8,555	10,389	8,578
	544	1,410	3,727	980	1,037	1,206
Good	11,146	10,875	21,501	9,494	9,813	10,213
	1,004	1,920	7,914	728	853	2,169
Fair	10,473	12,525	9,327	9,666	12,028	8,338
	463	2,176	981	656	1,025	1,013
Poor	14,093	7,517	14,568	16,237	13,542	24,906
	919	726	1,638	1,929	1,444	9,707
<b>Functional Limitation</b>						
None	9,775	8,925	14,519	7,983	9,845	11,787
	588	1,660	4,340	546	739	2,186
IADL only <sup>4</sup>	11,895	12,411	10,097	12,247	12,527	16,377
	614	1,699	1,059	1,093	1,096	3,897
One to two ADLs <sup>5</sup>	10,898	9,262	18,259	9,543	9,750	8,593
	1,170	1,230	6,860	723	1,004	792
Three to five ADLs	12,969	9,671	12,763	13,228	14,292	18,687
	892	1,270	1,763	1,499	1,474	12,684



**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,091	\$10,197	\$13,279	\$10,186	\$11,130	\$12,986
	375	885	1,656	422	488	1,904
<b>Metropolitan Area Resident</b>						
Yes	11,600	10,252	14,905	10,600	11,640	13,067
	473	929	2,359	561	588	2,261
No	9,637	10,064	9,838	9,178	9,329	12,740
	526	2,130	1,274	733	625	3,313

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for Personal health care expenditures in Appendix B, for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$867	\$653	\$1,110	\$905	\$876	\$782
	29	43	107	55	48	74
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	794	592	1,009	871	797	770
	43	56	208	73	65	100
75 - 84 years	862	630	888	891	985	723
	47	73	132	92	89	114
85 years and older	597	584	445	609	585	840
	35	136	66	54	52	430
<b>Disabled</b>						
Under 45 years	1,431	920	1,389	1,621	2,008	2,810
	165	242	200	594	641	1,638
45 - 64 years	1,360	740	1,715	2,666	1,112	1,177
	145	105	318	753	223	495
<b>Gender</b>						
Male	999	713	1,197	1,206	1,048	736
	49	56	162	122	81	111
Female	769	562	1,065	731	731	814
	31	68	128	53	56	99
<b>Living Arrangement</b>						
Lives alone	838	586	1,101	835	813	845
	51	64	190	96	105	149
With spouse	855	654	1,229	895	907	702
	37	51	225	68	60	89
With children	868	675	1,221	677	677	690
	89	151	252	80	97	240
With others	1,034	733	855	1,711	967	1,788
	125	145	90	508	220	776

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$867	\$653	\$1,110	\$905	\$876	\$782
	29	43	107	55	48	74
<b>Race/Ethnicity</b>						
White non-Hispanic	824	631	986	897	829	765
	28	49	134	57	45	76
Black non-Hispanic	1,109	732	1,373	1,079	1,179	521
	112	111	250	438	318	168
Hispanic	1,004	687	1,030	709	1,525	877
	241	183	261	129	618	326
Other	1,176	512	1,373	1,951	970	2,736
	209	187	346	988	583	671
<b>Income</b>						
Less than \$2,500	748	502	843	772	798	1,153
	112	123	179	234	211	747
\$2,500 - \$4,999	987	714	1,040	871	1,791	1,676
	174	365	311	163	761	1,225
\$5,000 - \$7,499	850	555	871	1,083	692	842
	81	81	100	261	101	244
\$7,500 - \$9,999	973	587	1,714	843	942	797
	130	102	363	149	308	283
\$10,000 - \$14,999	864	733	1,452	841	884	857
	72	79	422	111	112	234
\$15,000 - \$19,999	814	796	950	998	703	754
	70	108	447	167	85	180
\$20,000 - \$24,999	878	485	3,472	1,051	868	777
	82	80	2,533	198	127	210
\$25,000 - \$29,999	881	560	177	694	1,089	733
	130	131	0	129	211	310
\$30,000 or more	841	870	814	845	912	737
	54	234	402	77	91	122



**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$867	\$653	\$1,110	\$905	\$876	\$782
	29	43	107	55	48	74
<b>Health Status</b>						
Excellent	527	444	998	460	558	500
	33	67	326	35	57	112
Very Good	641	493	805	585	722	602
	36	98	210	41	64	149
Good	744	560	765	784	793	811
	35	59	74	51	72	127
Fair	1,101	767	933	1,418	1,133	1,040
	73	102	101	202	146	200
Poor	1,600	849	1,971	1,840	1,770	1,114
	167	115	362	381	342	362
<b>Functional Limitation</b>						
None	718	591	777	694	801	725
	26	57	80	38	55	93
IADL only <sup>4</sup>	983	666	1,114	1,233	876	922
	67	87	157	178	83	205
One to two ADLs <sup>5</sup>	954	700	1,035	1,038	979	966
	69	85	172	157	146	229
Three to five ADLs	1,249	781	1,756	1,103	1,302	451
	188	160	434	170	350	83



**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$867	\$653	\$1,110	\$905	\$876	\$782
	29	43	107	55	48	74
<b>Metropolitan Area Resident</b>						
Yes	907	689	1,221	968	904	813
	38	57	131	74	57	89
No	763	578	846	790	780	705
	36	48	187	78	83	120

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for Personal health care expenditures in Appendix B, for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,634	\$1,180	\$2,064	\$1,756	\$1,738	\$1,805
	34	64	130	44	82	137
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	1,463	\$1,080	1,997	1,553	1,536	1,839
	48	86	258	61	122	214
75 - 84 years	1,831	1,212	2,047	2,009	2,075	1,815
	61	115	218	88	134	150
85 years and older	1,653	1,225	1,797	1,749	1,851	1,584
	86	208	200	170	116	184
<b>Disabled</b>						
Under 45 years	1,702	1,254	1,824	1,360	1,795	2,003
	152	333	163	426	384	916
45 - 64 years	2,093	1,355	2,665	2,745	2,208	1,624
	150	163	371	788	272	460
<b>Gender</b>						
Male	1,691	1,219	2,075	1,973	1,804	1,757
	43	103	171	101	82	223
Female	1,592	1,130	2,058	1,626	1,681	1,843
	52	85	160	68	130	153
<b>Living Arrangement</b>						
Lives alone	1,620	1,177	2,055	1,746	1,564	2,077
	60	122	275	97	89	283
With spouse	1,580	1,129	2,305	1,716	1,715	1,554
	37	80	244	71	67	121
With children	2,007	1,323	2,237	1,883	2,690	2,249
	222	238	244	199	885	511
With others	1,600	1,228	1,624	2,024	1,408	3,400
	93	211	139	237	151	1,506

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,634	\$1,180	\$2,064	\$1,756	\$1,738	\$1,805
	34	64	130	44	82	137
<b>Race/Ethnicity</b>						
White non-Hispanic	1,620	1,183	1,977	1,749	1,724	1,830
	38	72	194	50	88	142
Black non-Hispanic	1,560	1,059	1,991	1,247	1,856	1,111
	102	142	212	220	256	387
Hispanic	1,922	1,645	2,456	1,761	2,023	914
	176	368	383	255	256	202
Other	1,823	671	1,883	4,114	1,513	2,989
	303	102	267	1,756	400	1,015
<b>Income</b>						
Less than \$2,500	1,508	1,436	1,450	1,351	1,587	4,872
	188	355	302	257	236	2,765
\$2,500 - \$4,999	1,617	1,383	1,551	2,084	1,962	3,306
	179	499	144	542	416	474
\$5,000 - \$7,499	1,545	830	1,774	1,652	1,547	2,099
	82	108	116	246	221	946
\$7,500 - \$9,999	1,742	1,278	2,643	1,733	1,650	3,235
	86	168	351	146	170	626
\$10,000 - \$14,999	1,692	1,128	3,501	1,974	1,602	1,804
	97	119	866	154	110	270
\$15,000 - \$19,999	1,598	1,261	1,871	1,815	1,627	1,970
	82	132	514	145	144	339
\$20,000 - \$24,999	1,689	939	1,562	1,608	2,014	1,968
	174	151	601	114	417	385
\$25,000 - \$29,999	1,504	1,503	552	1,505	1,729	1,080
	127	471	174	201	181	234
\$30,000 or more	1,629	1,727	2,070	1,716	1,799	1,325
	67	424	866	115	124	105



**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,634	\$1,180	\$2,064	\$1,756	\$1,738	\$1,805
	34	64	130	44	82	137
<b>Health Status</b>						
Excellent	913	589	849	986	1,024	1,411
	45	98	116	66	74	350
Very Good	1,147	1,033	1,204	1,230	1,268	1,247
	36	132	145	80	65	124
Good	1,511	1,144	1,511	1,732	1,627	1,655
	53	91	171	97	97	156
Fair	2,196	1,480	2,001	2,405	2,694	2,438
	118	181	137	154	367	321
Poor	3,459	1,392	3,995	4,348	3,902	4,590
	208	120	500	468	420	1,268
<b>Functional Limitation</b>						
None	1,164	795	1,320	1,305	1,256	1,351
	30	64	130	62	49	125
IADL only <sup>4</sup>	1,894	1,510	1,748	2,190	2,132	2,389
	68	172	132	133	176	361
One to two ADLs <sup>5</sup>	2,183	1,390	2,103	2,283	2,666	2,413
	176	179	217	158	517	354
Three to five ADLs	3,249	1,738	4,144	3,215	3,415	3,783
	212	180	597	345	331	1,207



**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,634	\$1,180	\$2,064	\$1,756	\$1,738	\$1,805
	34	64	130	44	82	137
<b>Metropolitan Area Resident</b>						
Yes	1,716	1,303	2,199	1,886	1,845	1,878
	44	81	133	62	101	169
No	1,402	931	1,755	1,484	1,336	1,575
	59	105	310	67	84	208

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for Personal health care expenditures in Appendix B, for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$590	\$487	\$714	\$551	\$653	\$637
	9	17	25	18	15	34
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	547	439	636	518	610	604
	11	31	33	22	18	47
75 - 84 years	581	485	651	582	633	604
	14	31	36	21	23	57
85 years and older	550	456	630	537	531	753
	22	49	64	33	30	150
<b>Disabled</b>						
Under 45 years	771	511	812	693	1,012	2,462
	49	61	74	186	171	763
45 - 64 years	912	614	945	856	1,242	1,094
	46	48	79	170	97	341
<b>Gender</b>						
Male	573	498	672	543	642	564
	13	27	43	26	23	51
Female	602	473	734	556	662	693
	12	26	28	21	17	48
<b>Living Arrangement</b>						
Lives alone	574	461	751	540	599	678
	15	33	43	27	28	63
With spouse	588	508	685	549	664	590
	13	27	44	26	19	42
With children	622	432	762	585	673	658
	26	63	51	31	66	105
With others	610	513	638	578	671	1,040
	27	66	47	40	60	250

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$590	\$487	\$714	\$551	\$653	\$637
	9	17	25	18	15	34
<b>Race/Ethnicity</b>						
White non-Hispanic	600	522	807	556	653	640
	10	21	38	18	15	36
Black non-Hispanic	549	437	639	474	633	558
	22	39	37	76	58	51
Hispanic	552	364	609	477	729	652
	32	60	52	69	69	209
Other	432	328	500	492	491	468
	47	55	81	64	173	108
<b>Income</b>						
Less than \$2,500	637	416	760	731	628	720
	65	90	131	178	98	248
\$2,500 - \$4,999	479	284	583	440	522	824
	36	46	59	49	105	42
\$5,000 - \$7,499	610	413	703	531	630	447
	18	38	28	51	49	66
\$7,500 - \$9,999	574	548	772	538	551	755
	23	53	74	30	44	179
\$10,000 - \$14,999	572	486	717	545	671	610
	16	36	62	30	28	68
\$15,000 - \$19,999	620	458	922	553	726	717
	27	46	347	29	43	97
\$20,000 - \$24,999	603	669	706	565	668	559
	26	76	292	46	40	59
\$25,000 - \$29,999	556	457	701	455	642	484
	38	87	281	40	65	71
\$30,000 or more	594	563	963	585	624	667
	18	115	369	39	27	62

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$590	\$487	\$714	\$551	\$653	\$637
	9	17	25	18	15	34
<b>Health Status</b>						
Excellent	359	293	455	347	410	385
	14	33	52	25	25	70
Very Good	444	305	470	431	512	467
	14	32	49	23	24	48
Good	581	479	646	548	644	707
	16	42	42	27	29	60
Fair	775	555	745	759	947	906
	23	38	37	37	46	117
Poor	939	757	990	920	1,067	918
	36	73	62	86	89	136
<b>Functional Limitation</b>						
None	453	332	505	432	512	543
	9	24	33	14	17	39
IADL only <sup>4</sup>	677	551	732	650	788	693
	17	40	44	29	31	86
One to two ADLs <sup>5</sup>	797	653	922	674	944	813
	26	51	61	39	60	95
Three to five ADLs	872	760	820	921	940	1,053
	42	107	57	93	76	197



**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$590	\$487	\$714	\$551	\$653	\$637
	9	17	25	18	15	34
<b>Metropolitan Area Resident</b>						
Yes	590	488	732	556	651	659
	11	23	31	21	18	42
No	591	487	679	541	663	564
	19	25	34	32	34	56

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for Personal health care expenditures in Appendix B, for additional information.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$11,091	\$9,504	\$128	\$796	\$528	\$135
	375	298	13	55	216	33
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	11,094	9,586	84	782	422	220
	484	477	14	86	92	77
75 - 84 years	11,639	9,899	108	785	788	59
	853	541	33	87	629	26
85 years and older	8,717	7,795	124	602	148	49
	494	467	21	71	40	29
<b>Disabled</b>						
Under 45 years	11,061	9,069	503	1,095	285	108
	1,367	1,331	56	483	79	31
45 - 64 years	11,824	9,797	276	1,020	609	121
	1,223	1,042	40	279	267	44
<b>Gender</b>						
Male	12,399	10,261	107	928	905	198
	687	463	24	93	467	57
Female	9,974	8,857	146	683	206	81
	396	386	14	61	29	35
<b>Marital Status</b>						
Married	11,017	9,057	73	981	764	142
	588	445	21	90	400	45
Widowed	10,722	9,581	142	633	288	78
	439	426	20	62	66	54
Divorced/separated	11,815	10,811	327	373	199	105
	953	955	44	95	40	43
Never married	12,690	11,248	272	596	153	422
	1,725	1,608	36	174	27	296

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$11,091	\$9,504	\$128	\$796	\$528	\$135
	375	298	13	55	216	33
<b>Race/Ethnicity</b>						
White non-Hispanic	10,625	9,247	82	875	325	95
	330	326	14	64	48	20
Black non-Hispanic	11,567	10,175	370	328	358	337
	1,070	1,036	63	80	193	234
Hispanic	16,852	11,662	378	377	4,338	96
	4,728	1,405	55	135	4,165	62
Other	14,321	12,070	312	697	191	1,051
	2,878	2,800	80	338	70	900
<b>Income</b>						
Less than \$2,500	15,422	13,673	120	1,390	186	53
	4,272	3,863	42	511	43	49
\$2,500 - \$4,999	16,491	8,721	359	214	7,187	10
	7,163	1,280	59	53	7,249	10
\$5,000 - \$7,499	10,695	9,158	394	530	471	141
	658	576	31	201	180	106
\$7,500 - \$9,999	10,090	9,096	180	527	243	45
	613	577	39	88	89	21
\$10,000 - \$14,999	11,764	10,467	119	688	310	180
	1,075	1,021	56	76	62	91
\$15,000 - \$19,999	10,629	9,728	11	663	159	67
	896	886	5	66	22	36
\$20,000 - \$24,999	10,164	8,612	3	932	295	322
	836	791	3	145	159	208
\$25,000 - \$29,999	9,538	7,529	0	1,242	370	397
	1,263	1,156	0	419	120	218
\$30,000 or more	11,462	9,608	8	1,363	437	46
	615	567	5	213	166	17

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$11,091	\$9,504	\$128	\$796	\$528	\$135
	375	298	13	55	216	33
<b>Health Status</b>						
Excellent	9,486	8,227	58	565	554	81
	1,036	970	16	88	216	78
Very Good	9,247	7,901	54	877	311	103
	544	537	9	147	116	57
Good	11,146	9,062	100	725	1,107	151
	1,004	624	38	99	769	70
Fair	10,473	9,053	148	795	255	222
	463	423	16	118	77	93
Poor	14,093	12,661	233	904	257	38
	919	876	35	142	42	10
<b>Functional Limitation</b>						
None	9,775	8,442	89	759	334	151
	588	571	30	78	71	58
IADL only <sup>3</sup>	11,895	10,603	140	805	209	138
	614	594	13	128	29	79
One to two ADLs <sup>4</sup>	10,898	8,306	111	897	1,454	130
	1,170	442	20	145	1,061	68
Three to five ADLs	12,969	11,598	219	706	344	102
	892	833	39	83	152	62



**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$11,091	\$9,504	\$128	\$796	\$528	\$135
	375	298	13	55	216	33
<b>Metropolitan Area Resident</b>						
Yes	11,600	9,984	125	802	577	111
	473	357	18	67	291	36
No	9,637	8,133	136	777	387	204
	526	543	13	98	100	70

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$867	\$507	\$35	\$209	\$89	\$28
	29	20	5	8	5	3
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	794	455	23	202	86	28
	43	31	6	10	7	4
75 - 84 years	862	518	20	229	78	17
	47	33	4	17	6	2
85 years and older	597	354	15	139	86	3
	35	25	3	12	12	1
<b>Disabled</b>						
Under 45 years	1,431	912	138	174	122	85
	165	132	18	35	19	25
45 - 64 years	1,360	761	135	261	138	65
	145	100	45	36	14	16
<b>Gender</b>						
Male	999	551	33	249	116	50
	49	31	9	14	10	6
Female	769	475	36	179	68	12
	31	24	5	9	3	2
<b>Marital Status</b>						
Married	845	467	18	235	96	29
	36	23	6	9	7	4
Widowed	781	482	30	183	71	14
	42	30	5	14	6	3
Divorced/separated	1,019	631	98	148	88	54
	125	89	25	30	16	9
Never married	1,225	801	110	173	103	38
	189	134	32	40	17	13

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$867	\$507	\$35	\$209	\$89	\$28
	29	20	5	8	5	3
<b>Race/Ethnicity</b>						
White non-Hispanic	824	466	17	228	88	25
	28	17	3	9	5	3
Black non-Hispanic	1,109	715	133	114	84	63
	112	75	40	17	9	14
Hispanic	1,004	668	95	112	112	17
	241	182	19	26	32	5
Other	1,176	770	135	157	86	28
	209	156	42	57	20	11
<b>Income</b>						
Less than \$2,500	748	475	43	153	50	28
	112	78	12	37	8	15
\$2,500 - \$4,999	987	664	85	148	63	27
	174	147	19	41	18	11
\$5,000 - \$7,499	850	563	102	94	68	23
	81	62	15	14	8	6
\$7,500 - \$9,999	973	628	82	146	88	29
	130	94	27	16	16	8
\$10,000 - \$14,999	864	517	29	193	88	37
	72	51	11	17	8	8
\$15,000 - \$19,999	814	456	2	239	94	22
	70	51	1	21	9	6
\$20,000 - \$24,999	878	508	2	262	73	32
	82	60	2	27	8	10
\$25,000 - \$29,999	881	432	0	291	124	33
	130	82	0	49	36	11
\$30,000 or more	841	417	2	292	108	22
	54	30	1	25	19	5

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$867	\$507	\$35	\$209	\$89	\$28
	29	20	5	8	5	3
<b>Health Status</b>						
Excellent	527	296	12	142	59	17
	33	24	3	13	6	4
Very Good	641	335	11	189	84	21
	36	21	2	12	13	4
Good	744	424	18	198	75	29
	35	21	2	13	6	5
Fair	1,101	677	46	247	100	31
	73	55	6	21	9	6
Poor	1,600	999	132	286	146	37
	167	122	38	26	19	6
<b>Functional Limitation</b>						
None	718	392	14	206	79	28
	26	15	2	11	7	4
IADL only <sup>3</sup>	983	615	47	202	94	25
	67	50	9	14	11	5
One to two ADLs <sup>4</sup>	954	563	33	232	94	31
	69	50	6	20	10	6
Three to five ADLs	1,249	775	121	204	122	29
	188	135	45	19	22	10



**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$867	\$507	\$35	\$209	\$89	\$28
	29	20	5	8	5	3
<b>Metropolitan Area Resident</b>						
Yes	907	529	37	219	93	29
	38	26	6	10	7	3
No	763	451	27	181	78	26
	36	27	8	11	6	6

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$1,634	\$954	\$61	\$291	\$306	\$22
	34	19	9	21	8	3
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	1,463	835	42	296	274	17
	48	22	15	38	10	2
75 - 84 years	1,831	1,153	41	294	329	15
	61	44	9	15	13	3
85 years and older	1,653	953	66	224	405	5
	86	44	16	12	52	1
<b>Disabled</b>						
Under 45 years	1,702	884	287	188	237	105
	152	98	45	41	24	52
45 - 64 years	2,093	1,078	185	373	384	74
	150	103	35	63	32	16
<b>Gender</b>						
Male	1,691	1,009	46	297	307	33
	43	31	7	11	10	6
Female	1,592	913	72	287	305	14
	52	26	15	36	11	2
<b>Marital Status</b>						
Married	1,581	918	24	312	305	21
	37	27	4	12	8	4
Widowed	1,653	1,027	64	234	315	14
	53	38	10	12	16	2
Divorced/separated	1,916	952	214	394	309	47
	272	61	96	240	35	9
Never married	1,659	948	179	221	274	36
	116	80	28	34	25	11

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$1,634	\$954	\$61	\$291	\$306	\$22
	34	19	9	21	8	3
<b>Race/Ethnicity</b>						
White non-Hispanic	1,620	924	40	319	316	21
	38	20	11	26	8	3
Black non-Hispanic	1,560	954	170	143	256	37
	102	68	28	20	27	8
Hispanic	1,922	1,314	182	143	262	22
	176	145	26	26	25	7
Other	1,823	1,294	126	174	212	16
	303	236	20	45	46	7
<b>Income</b>						
Less than \$2,500	1,508	924	59	193	305	27
	188	139	13	46	42	10
\$2,500 - \$4,999	1,617	1,081	164	125	229	18
	179	131	28	29	31	6
\$5,000 - \$7,499	1,545	972	203	137	215	17
	82	58	26	16	16	5
\$7,500 - \$9,999	1,742	1,103	100	224	292	22
	86	61	18	19	22	4
\$10,000 - \$14,999	1,692	1,002	72	252	342	24
	97	63	43	17	26	5
\$15,000 - \$19,999	1,598	933	3	312	328	22
	82	49	1	27	21	6
\$20,000 - \$24,999	1,689	866	1	506	291	26
	174	47	0	181	17	7
\$25,000 - \$29,999	1,504	805	0	342	341	17
	127	89	0	42	37	5
\$30,000 or more	1,629	900	4	362	338	24
	67	49	2	21	12	9

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$1,634	\$954	\$61	\$291	\$306	\$22
	34	19	9	21	8	3
<b>Health Status</b>						
Excellent	913	500	13	165	227	7
	45	32	3	10	12	2
Very Good	1,147	630	16	238	250	14
	36	23	3	14	12	2
Good	1,511	911	32	260	286	21
	53	37	6	13	15	3
Fair	2,196	1,264	100	409	381	43
	118	45	14	106	22	11
Poor	3,459	2,125	281	517	506	30
	208	128	93	50	36	6
<b>Functional Limitation</b>						
None	1,164	680	17	222	232	14
	30	22	2	8	6	2
IADL only <sup>3</sup>	1,894	1,183	64	296	327	24
	68	49	6	18	13	5
One to two ADLs <sup>4</sup>	2,183	1,156	81	489	424	32
	176	58	19	150	36	6
Three to five ADLs	3,249	1,880	330	418	562	59
	212	127	110	35	37	23



**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Physician/Supplier Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$1,634	\$954	\$61	\$291	\$306	\$22
	34	19	9	21	8	3
<b>Metropolitan Area Resident</b>						
Yes	1,716	1,006	56	315	316	24
	44	26	5	28	10	3
No	1,402	808	76	220	280	19
	59	34	33	10	14	5

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Dental Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$381	\$0	\$6	\$58	\$311	\$6
	13	0	1	5	11	1
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	407	0	3	72	327	5
	17	0	1	7	15	1
75 - 84 years	362	0	5	33	318	7
	20	0	1	4	19	3
85 years and older	313	0	1	33	276	3
	29	0	0	9	27	2
<b>Disabled</b>						
Under 45 years	213	0	42	44	116	10
	22	0	9	14	14	5
45 - 64 years	363	0	34	55	258	16
	41	0	8	9	38	7
<b>Gender</b>						
Male	387	0	5	71	301	10
	17	0	1	9	13	2
Female	377	1	7	47	319	3
	17	0	1	4	16	1
<b>Marital Status</b>						
Married	401	0	2	69	324	6
	16	0	1	7	14	1
Widowed	341	1	8	36	294	2
	22	0	2	5	21	1
Divorced/separated	430	1	27	53	336	14
	41	0	6	13	36	10
Never married	273	0	23	27	215	8
	27	0	5	6	27	3

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Dental Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$381	\$0	\$6	\$58	\$311	\$6
	13	0	1	5	11	1
<b>Race/Ethnicity</b>						
White non-Hispanic	385	0	4	57	319	5
	13	0	1	5	12	1
Black non-Hispanic	372	2	21	100	243	6
	52	2	5	33	32	2
Hispanic	352	0	32	42	261	16
	42	0	8	12	36	11
Other	264	0	33	15	192	24
	54	0	12	6	45	23
<b>Income</b>						
Less than \$2,500	276	0	10	53	206	6
	42	0	6	28	31	4
\$2,500 - \$4,999	163	0	11	6	142	4
	23	0	4	3	24	3
\$5,000 - \$7,499	232	0	34	16	177	4
	31	0	6	6	30	2
\$7,500 - \$9,999	368	2	28	59	278	1
	52	1	6	32	39	1
\$10,000 - \$14,999	328	0	7	32	282	7
	21	0	2	5	19	3
\$15,000 - \$19,999	365	0	0	46	307	12
	28	0	0	9	24	6
\$20,000 - \$24,999	366	1	0	55	303	7
	32	1	0	8	32	3
\$25,000 - \$29,999	395	0	0	84	307	3
	46	0	0	19	35	1
\$30,000 or more	472	0	0	83	384	5
	25	0	0	9	22	1

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Dental Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$381	\$0	\$6	\$58	\$311	\$6
	13	0	1	5	11	1
<b>Health Status</b>						
Excellent	444	0	1	84	354	3
	34	0	1	17	30	1
Very Good	380	0	2	52	320	5
	22	0	1	7	20	2
Good	349	0	5	53	284	6
	19	0	1	6	16	3
Fair	365	1	18	49	290	9
	32	1	4	8	29	3
Poor	384	1	25	36	310	11
	43	1	6	9	41	5
<b>Functional Limitation</b>						
None	393	0	3	62	323	5
	15	0	1	7	14	1
IADL only <sup>3</sup>	333	0	11	50	268	4
	22	0	2	7	21	1
One to two ADLs <sup>4</sup>	398	1	13	52	326	7
	44	1	4	13	38	2
Three to five ADLs	367	0	13	45	278	30
	42	0	5	11	36	18



**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Dental Service in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$381	\$0	\$6	\$58	\$311	\$6
	13	0	1	5	11	1
<b>Metropolitan Area Resident</b>						
Yes	410	0	7	64	333	7
	15	0	1	6	14	1
No	273	0	3	32	235	3
	15	0	1	4	14	1

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$590	\$2	\$68	\$151	\$324	\$45
	9	1	4	5	5	3
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	547	0	43	164	297	42
	11	0	4	7	7	4
75 - 84 years	581	2	50	125	367	37
	14	1	4	7	9	4
85 years and older	550	1	74	96	342	37
	22	0	10	10	13	8
<b>Disabled</b>						
Under 45 years	771	3	344	143	214	67
	49	5	33	32	18	11
45 - 64 years	912	10	199	232	373	97
	46	9	24	27	20	17
<b>Gender</b>						
Male	573	3	51	160	303	57
	13	2	4	9	8	5
Female	602	1	81	145	339	37
	12	0	5	6	7	3
<b>Marital Status</b>						
Married	586	1	25	184	337	40
	12	0	3	7	7	4
Widowed	582	2	83	113	337	49
	14	1	6	8	9	5
Divorced/separated	627	8	215	91	251	62
	32	7	24	13	13	11
Never married	606	0	209	110	242	45
	31	0	23	17	15	9

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$590	\$2	\$68	\$151	\$324	\$45
	9	1	4	5	5	3
<b>Race/Ethnicity</b>						
White non-Hispanic	600	2	46	164	344	44
	10	1	3	6	6	3
Black non-Hispanic	549	1	177	86	220	65
	22	2	15	12	12	11
Hispanic	552	1	189	94	238	30
	32	1	23	24	17	7
Other	432	0	165	59	165	43
	47	0	41	18	19	14
<b>Income</b>						
Less than \$2,500	637	0	125	141	334	37
	65	0	25	44	29	13
\$2,500 - \$4,999	479	0	192	34	226	26
	36	0	30	11	17	7
\$5,000 - \$7,499	610	5	271	49	243	42
	18	4	14	7	12	6
\$7,500 - \$9,999	574	0	108	72	326	68
	23	0	15	9	13	9
\$10,000 - \$14,999	572	1	35	142	343	52
	16	0	5	8	9	8
\$15,000 - \$19,999	620	1	8	190	375	46
	27	1	5	18	17	9
\$20,000 - \$24,999	603	1	1	191	372	39
	26	0	0	13	19	7
\$25,000 - \$29,999	556	1	0	189	318	48
	38	1	0	19	24	15
\$30,000 or more	594	2	4	242	314	31
	18	1	2	14	11	5

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$590	\$2	\$68	\$151	\$324	\$45
	9	1	4	5	5	3
<b>Health Status</b>						
Excellent	359	1	19	101	215	23
	14	0	4	9	9	4
Very Good	444	1	24	132	259	28
	14	1	4	8	8	4
Good	581	1	52	163	325	40
	16	0	5	10	10	5
Fair	775	1	121	174	413	65
	23	1	9	11	14	7
Poor	939	8	196	187	455	93
	36	6	19	16	21	15
<b>Functional Limitation</b>						
None	453	1	27	133	264	28
	9	0	3	6	5	3
IADL only <sup>3</sup>	677	0	108	155	360	54
	17	0	9	10	11	5
One to two ADLs <sup>4</sup>	797	2	114	185	422	74
	26	1	11	15	15	10
Three to five ADLs	872	9	149	200	438	76
	42	8	14	20	22	14



**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1993 (4 pages)**

Community-Only Residents with at Least One Prescribed Medicine in 1993<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$590	\$2	\$68	\$151	\$324	\$45
	9	1	4	5	5	3
<b>Metropolitan Area Resident</b>						
Yes	590	2	66	163	310	50
	11	1	4	6	6	4
No	591	1	76	117	366	31
	19	0	5	11	13	4

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.

**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	34,959	3,638	18,870	9,853	2,598	2,199	8,433	3,788	801	15,222	1,439	10,437	6,065	1,797	19,737
	83	45	66	69	50	32	52	41	25	70	29	48	54	46	69
Beneficiaries as a Percent of Column Total															
Access to Care															
Usual Source of Care															
None <sup>3</sup>	8.90	11.83	9.45	7.31	6.84	14.43	10.47	8.52	6.53	10.35	7.82	8.62	6.56	6.98	7.78
	0.34	0.88	0.51	0.60	0.79	1.23	0.70	0.92	1.31	0.45	1.19	0.66	0.62	0.93	0.44
Doctor's office	69.63	59.25	68.49	73.72	76.90	53.85	64.38	69.69	74.13	64.70	67.54	71.81	76.24	78.14	73.44
	1.10	1.53	1.17	1.36	1.82	2.19	1.56	1.63	2.56	1.30	2.00	1.26	1.47	2.08	1.14
Doctor's clinic	8.67	8.88	8.93	8.37	7.71	9.47	9.23	8.53	8.57	9.06	7.97	8.68	8.27	7.33	8.38
	0.90	0.93	0.88	1.15	1.34	1.23	1.03	1.24	1.59	0.92	1.12	0.94	1.29	1.46	0.95
HMO <sup>4</sup>	4.92	3.24	6.03	4.20	1.89	3.01	6.17	4.29	3.15	5.09	3.58	5.91	4.15	1.33	4.79
	0.33	0.54	0.47	0.43	0.38	0.80	0.63	0.61	1.05	0.45	0.91	0.53	0.47	0.30	0.35
Hospital OPD/ER <sup>5</sup>	3.38	8.30	2.85	2.85	2.32	8.22	2.85	3.41	3.03	3.77	8.44	2.86	2.51	1.99	3.08
	0.24	0.75	0.28	0.32	0.48	1.07	0.35	0.56	1.00	0.31	1.04	0.34	0.32	0.50	0.25
Other clinic/health center	4.50	8.50	4.25	3.54	4.33	11.01	6.90	5.56	4.58	7.04	4.65	2.12	2.28	4.22	2.54
	0.27	0.83	0.40	0.33	0.64	1.20	0.67	0.57	1.37	0.47	1.01	0.34	0.36	0.73	0.25
Difficulty Obtaining Care															
Yes	3.65	12.89	2.79	2.30	2.11	13.14	2.57	1.29	1.14	3.70	12.52	2.97	2.94	2.54	3.61
	0.22	1.05	0.27	0.27	0.38	1.24	0.37	0.32	0.49	0.28	1.47	0.40	0.39	0.46	0.28
No	96.35	87.11	97.21	97.70	97.89	86.86	97.43	98.71	98.86	96.30	87.48	97.03	97.06	97.46	96.39
	0.22	1.05	0.27	0.27	0.38	1.24	0.37	0.32	0.49	0.28	1.47	0.40	0.39	0.46	0.28
Delayed Care Due to Cost															
Yes	10.94	27.05	10.36	7.61	5.23	26.09	8.51	6.40	2.80	10.22	28.51	11.85	8.36	6.32	11.49
	0.45	1.40	0.61	0.54	0.65	1.74	0.59	0.75	0.78	0.43	1.93	0.96	0.67	0.85	0.66
No	89.06	72.95	89.64	92.39	94.77	73.91	91.49	93.60	97.20	89.78	71.49	88.15	91.64	93.68	88.51
	0.45	1.40	0.61	0.54	0.65	1.74	0.59	0.75	0.78	0.43	1.93	0.96	0.67	0.85	0.66

**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Indicator of Access to Care <sup>2</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	34,959	3,638	18,870	9,853	2,598	2,199	8,433	3,788	801	15,222	1,439	10,437	6,065	1,797	19,737
	83	45	66	69	50	32	52	41	25	70	29	48	54	46	69
<b>Beneficiaries as a Percent of Column Total</b>															
<b>Continuity of Care</b>															
<b>Length of Association with Usual Source of Care</b>															
No usual source <sup>3</sup>	8.96	11.91	9.50	7.35	6.97	14.54	10.51	8.55	6.62	10.40	7.87	8.68	6.61	7.13	7.84
	0.34	0.89	0.51	0.60	0.80	1.24	0.70	0.92	1.32	0.46	1.20	0.67	0.63	0.95	0.45
Less than 1 year	9.76	9.36	10.46	8.83	8.71	9.22	10.59	7.60	8.74	9.55	9.56	10.35	9.60	8.69	9.91
	0.32	0.85	0.47	0.61	0.95	1.07	0.81	0.91	1.52	0.55	1.27	0.54	0.69	1.23	0.41
1 to less than 3 years	18.08	20.18	18.35	17.12	16.76	18.96	18.24	17.37	16.61	18.04	22.06	18.44	16.96	16.83	18.10
	0.46	0.97	0.68	0.66	1.15	1.39	0.83	0.97	1.98	0.55	1.65	0.98	0.89	1.33	0.66
3 to less than 5 years	15.87	17.83	15.28	16.69	14.27	17.20	14.88	17.07	11.63	15.59	18.80	15.60	16.45	15.47	16.08
	0.37	1.08	0.54	0.67	1.12	1.63	0.82	1.14	1.58	0.57	1.81	0.74	0.85	1.35	0.47
5 years or more	47.34	40.72	46.42	50.00	53.29	40.07	45.78	49.40	56.41	46.42	41.71	46.93	50.38	51.88	48.06
	0.61	1.43	0.95	0.90	1.77	2.11	1.16	1.54	2.74	0.83	1.80	1.28	1.13	2.07	0.75

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry Missing values in Appendix B for further explanation.
- 4 HMO stands for Health Maintenance Organization.
- 5 OPD stands for Outpatient Department; ER stands for Emergency Room.



Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	34,959	3,638	18,870	9,853	2,598	2,199	8,433	3,788	801	15,222	1,439	10,437	6,065	1,797	19,737
	83	45	66	69	50	32	52	41	25	70	29	48	54	46	69
Beneficiaries as a Percent of Column Total <sup>3</sup>															
Quality of Care															
General Care															
Very Satisfied	32.35	25.20	34.78	31.39	28.33	23.33	36.60	30.81	28.45	32.81	28.07	33.32	31.74	28.28	32.00
	0.77	1.43	0.95	1.02	1.43	1.82	1.40	1.42	2.31	0.98	2.02	1.09	1.23	1.70	0.90
(Very) Unsatisfied	3.86	7.96	3.22	3.75	3.16	7.35	3.47	3.44	3.87	4.04	8.89	3.02	3.95	2.84	3.71
	0.20	0.80	0.28	0.36	0.49	0.88	0.43	0.56	0.93	0.31	1.34	0.35	0.43	0.62	0.29
Follow-up Care															
Very Satisfied	18.80	15.64	20.09	18.39	15.40	14.01	21.13	19.06	15.69	19.30	18.15	19.25	17.96	15.28	18.41
	0.67	1.36	0.77	0.95	1.35	1.58	1.12	1.09	2.17	0.80	1.95	0.99	1.16	1.49	0.82
(Very) Unsatisfied	3.40	6.43	3.16	2.77	3.34	5.62	3.20	2.73	2.97	3.42	7.67	3.13	2.80	3.50	3.39
	0.19	0.74	0.33	0.31	0.47	0.85	0.45	0.42	0.90	0.31	1.57	0.38	0.38	0.66	0.24
Access/Coordination of Care															
Availability															
Very Satisfied	11.33	10.31	12.17	10.24	10.78	10.31	12.81	11.29	10.27	11.94	10.31	11.66	9.59	11.01	10.87
	0.49	0.91	0.66	0.64	1.04	1.15	0.94	0.90	1.58	0.62	1.15	0.76	0.82	1.52	0.57
(Very) Unsatisfied	3.68	8.99	3.33	2.62	2.91	8.28	2.99	2.93	3.45	3.76	10.07	3.60	2.42	2.67	3.62
	0.21	0.71	0.28	0.29	0.46	0.99	0.45	0.51	0.90	0.33	1.12	0.35	0.34	0.57	0.26
Ease of Access to Doctor															
Very Satisfied	21.67	14.67	25.14	18.81	17.01	13.62	26.54	20.70	15.60	22.65	16.30	24.00	17.63	17.64	20.91
	0.73	1.18	0.93	0.93	1.36	1.56	1.40	1.30	2.00	0.92	1.47	1.06	1.08	1.66	0.84
(Very) Unsatisfied	6.18	11.90	4.92	6.65	5.60	11.79	3.59	5.39	5.61	5.33	12.07	5.99	7.43	5.60	6.84
	0.32	0.88	0.36	0.52	0.74	1.21	0.42	0.77	1.20	0.41	1.29	0.58	0.62	0.80	0.44
Can Obtain Care in Same Location															
Very Satisfied	16.48	13.84	18.13	14.96	13.94	12.86	18.37	16.16	14.09	16.80	15.33	17.94	14.22	13.88	16.24
	0.69	1.36	0.86	0.86	1.23	1.54	1.11	1.15	1.67	0.81	1.82	1.06	0.98	1.55	0.79
(Very) Unsatisfied	5.55	12.27	5.18	4.12	4.21	10.71	4.40	4.13	4.33	5.24	14.66	5.81	4.11	4.16	5.78
	0.34	0.96	0.38	0.47	0.67	1.22	0.48	0.62	1.17	0.40	1.55	0.53	0.53	0.80	0.43



**Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Measure of Satisfaction <sup>2</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	34,959	3,638	18,870	9,853	2,598	2,199	8,433	3,788	801	15,222	1,439	10,437	6,065	1,797	19,737
	83	45	66	69	50	32	52	41	25	70	29	48	54	46	69
<b>Beneficiaries as a Percent of Column Total<sup>3</sup></b>															
<b>Relationship with Primary Doctor</b>															
<b>Information from Doctor</b>															
Very Satisfied	19.42	17.79	21.39	17.31	15.27	15.44	21.74	17.53	15.97	19.49	21.40	21.10	17.18	14.96	19.36
	0.73	1.43	0.88	0.79	1.28	1.65	1.21	1.20	2.09	0.89	1.86	1.08	0.97	1.40	0.84
(Very) Unsatisfied	6.46	10.58	6.09	5.92	5.48	9.49	6.28	5.41	5.55	6.49	12.25	5.94	6.24	5.45	6.45
	0.28	0.75	0.39	0.45	0.64	0.97	0.55	0.63	1.07	0.40	1.30	0.52	0.56	0.81	0.37
<b>Doctor's Concern for Overall Health</b>															
Very Satisfied	20.48	18.35	21.68	19.66	17.84	15.57	21.24	20.37	15.33	19.89	22.60	22.03	19.21	18.97	20.93
	0.71	1.45	0.87	0.86	1.46	1.72	1.19	1.17	1.80	0.88	2.06	1.10	1.05	1.82	0.87
(Very) Unsatisfied	6.05	10.15	5.71	5.37	5.29	9.59	5.14	4.75	6.26	5.74	11.02	6.18	5.77	4.86	6.29
	0.30	0.85	0.42	0.44	0.75	0.91	0.47	0.62	1.11	0.36	1.46	0.56	0.54	0.89	0.39
<b>Cost</b>															
Very Satisfied	14.60	12.35	16.10	13.04	12.77	11.66	17.92	14.31	13.74	15.90	13.41	14.64	12.24	12.34	13.61
	0.55	0.96	0.67	0.76	1.05	1.18	1.07	0.96	1.85	0.75	1.42	0.81	0.99	1.16	0.64
(Very) Unsatisfied	17.13	28.06	16.09	15.54	15.44	28.94	15.26	13.21	11.64	16.53	26.71	16.76	17.00	17.13	17.59
	0.50	1.32	0.73	0.89	1.26	1.93	0.84	1.08	1.88	0.58	1.91	0.97	1.16	1.60	0.69

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).

3 Column percentages do not sum to 100 percent because the responses of "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

**Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,959	2,525	15,962	8,425	2,189	29,101	669	1,566	717	223	3,175	356	974	520	132	1,982
	83	60	131	88	56	203	31	41	24	15	51	33	93	74	23	173
Beneficiaries as a Percent of Column Total																
Access to Care																
Usual Source of Care																
None <sup>4</sup>	8.90	12.06	9.30	6.87	6.52	8.63	9.23	8.68	9.93	7.40	8.99	14.42	15.00	11.61	12.19	13.82
	0.34	1.04	0.53	0.61	0.80	0.37	1.82	1.51	1.85	2.00	0.97	3.29	2.64	3.03	5.23	1.37
Doctor's office	69.63	61.24	69.97	75.50	79.26	71.52	53.95	61.25	64.14	67.73	60.83	56.09	57.82	57.29	57.61	57.36
	1.10	1.72	1.31	1.50	1.97	1.24	3.55	2.74	2.79	4.16	2.01	4.38	3.92	3.49	5.03	2.44
Doctor's clinic	8.67	10.09	9.81	9.01	8.19	9.48	6.10	4.92	3.56	4.91	4.86	4.30	2.01	6.07	4.45	3.65
	0.90	1.15	1.00	1.32	1.56	1.04	1.16	1.17	0.83	1.78	0.70	1.59	0.70	1.99	2.95	0.66
HMO <sup>5</sup>	4.92	3.61	5.50	4.13	1.66	4.65	2.53	7.62	3.39	2.79	5.26	2.71	11.29	6.64	4.96	8.12
	0.33	0.68	0.44	0.46	0.43	0.33	1.02	2.11	0.98	1.43	1.19	1.56	2.35	2.57	2.71	1.65
Hospital OPD/ER <sup>6</sup>	3.38	5.79	1.87	1.98	0.92	2.17	16.56	9.64	9.19	9.65	10.99	11.06	7.46	7.84	9.09	8.31
	0.24	0.74	0.26	0.29	0.29	0.22	2.44	1.65	1.87	2.91	1.13	2.75	1.54	1.49	3.52	0.88
Other clinic/ health center	4.50	7.21	3.55	2.51	3.45	3.56	11.63	7.89	9.79	7.52	9.08	11.42	6.42	10.54	11.70	8.75
	0.27	0.93	0.40	0.29	0.66	0.26	1.95	1.33	2.09	2.04	1.16	2.75	1.95	2.16	2.97	0.97
Difficulty Obtaining Care																
Yes	3.65	12.04	2.56	1.98	1.89	3.16	15.80	4.04	3.39	4.06	6.36	13.26	4.94	5.82	3.22	6.55
	0.22	1.19	0.28	0.26	0.39	0.21	2.43	1.10	1.31	1.85	0.80	4.56	1.19	2.39	0.80	1.37
No	96.35	87.96	97.44	98.02	98.11	96.84	84.20	95.96	96.61	95.94	93.64	86.74	95.06	94.18	96.78	93.45
	0.22	1.19	0.28	0.26	0.39	0.21	2.43	1.10	1.31	1.85	0.80	4.56	1.19	2.39	0.80	1.37
Delayed Care Due to Cost																
Yes	10.94	27.92	9.65	6.62	5.09	10.01	26.23	11.97	12.83	5.45	14.70	24.71	18.70	15.97	6.24	18.22
	0.45	1.52	0.70	0.59	0.68	0.52	2.73	1.40	2.05	2.06	0.99	4.72	3.11	2.70	2.66	1.53
No	89.06	72.08	90.35	93.38	94.91	89.99	73.77	88.03	87.17	94.55	85.30	75.29	81.30	84.03	93.76	81.78
	0.45	1.52	0.70	0.59	0.68	0.52	2.73	1.40	2.05	2.06	0.99	4.72	3.11	2.70	2.66	1.53

**Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 000s)</b>	34,959	2,525	15,962	8,425	2,189	29,101	669	1,566	717	223	3,175	356	974	520	132	1,982
	83	60	131	88	56	203	31	41	24	15	51	33	93	74	23	173
<b>Beneficiaries as a Percent of Column Total</b>																
<b>Continuity of Care</b>																
<b>Length of Association with Usual Source of Care</b>																
No usual source <sup>4</sup>	8.96	12.14	9.34	6.91	6.64	8.68	9.32	8.73	10.08	7.51	9.07	14.42	15.00	11.61	12.48	13.84
	0.34	1.06	0.53	0.62	0.82	0.37	1.83	1.51	1.87	2.02	0.97	3.29	2.64	3.03	5.35	1.37
Less than 1 year	9.76	9.76	10.13	8.57	8.41	9.52	7.29	11.24	10.05	5.81	9.76	8.76	13.94	10.88	7.81	11.81
	0.32	1.05	0.52	0.65	0.99	0.35	1.39	1.92	1.74	2.08	0.97	2.69	2.56	2.10	4.21	1.37
1 to less than 3 years	18.08	17.58	17.83	16.95	16.38	17.44	30.38	18.84	18.39	20.81	21.30	19.90	23.36	16.30	20.65	20.71
	0.46	1.05	0.74	0.74	1.19	0.50	2.60	2.12	1.82	4.23	1.30	4.48	2.90	2.47	7.22	1.56
3 to less than 5 years	15.87	15.88	15.58	16.95	13.71	15.86	21.29	14.98	14.39	19.28	16.47	23.47	9.38	16.29	17.32	14.23
	0.37	1.28	0.59	0.73	1.10	0.40	2.47	1.66	2.61	4.27	0.93	3.97	1.84	2.31	5.30	1.41
5 years or more	47.34	44.64	47.11	50.62	54.86	48.49	31.72	46.21	47.10	46.59	43.40	33.45	38.32	44.92	41.74	39.41
	0.61	1.70	1.04	0.92	1.88	0.68	2.51	2.70	3.00	4.34	1.62	6.08	4.03	3.77	6.59	1.99

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.
- 4 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry Missing values in Appendix B for further explanation.
- 5 HMO stands for Health Maintenance Organization.
- 6 OPD stands for Outpatient Department; ER stands for Emergency Room.



**Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,959	2,525	15,962	8,425	2,189	29,101	669	1,566	717	223	3,175	356	974	520	132	1,982
	83	60	131	88	56	203	31	41	24	15	51	33	93	74	23	173
Beneficiaries as a Percent of Column Total <sup>4</sup>																
Quality of Care																
General Care																
Very Satisfied	32.35	27.65	36.52	32.78	29.25	34.13	16.22	25.90	20.30	14.36	21.79	24.15	24.67	27.09	37.28	26.06
	0.77	1.64	1.00	1.14	1.68	0.85	2.19	2.61	2.51	2.56	1.61	6.44	2.87	3.58	8.44	1.75
(Very) Unsatisfied	3.86	6.71	3.09	3.83	3.26	3.63	12.18	3.30	3.75	4.81	5.37	8.95	5.99	3.47	0.00	5.46
	0.20	0.71	0.30	0.40	0.55	0.23	2.04	0.96	1.13	1.92	0.79	2.79	1.68	1.64	0.00	0.82
Follow-up Care																
Very Satisfied	18.80	17.22	21.26	19.00	15.89	19.86	8.89	13.67	12.03	8.05	11.90	17.32	16.48	17.98	26.00	17.66
	0.67	1.38	0.82	1.05	1.57	0.74	1.67	2.02	1.97	2.29	1.26	8.12	3.21	3.08	6.08	1.34
(Very) Unsatisfied	3.40	6.25	3.28	2.71	3.43	3.38	6.79	1.27	1.78	4.41	2.76	5.49	4.16	5.18	1.40	4.48
	0.19	0.85	0.37	0.34	0.55	0.23	1.50	0.67	0.76	1.41	0.47	1.86	1.37	1.94	1.38	0.79
Access/Coordination of Care																
Availability																
Very Satisfied	11.33	10.70	12.20	10.17	9.84	11.31	7.46	11.33	7.91	7.88	9.51	11.87	13.63	13.57	24.29	14.01
	0.49	1.01	0.69	0.72	1.11	0.53	1.68	1.77	1.69	2.10	1.06	3.67	2.52	2.10	5.71	1.15
(Very) Unsatisfied	3.68	9.91	3.34	2.60	2.96	3.67	7.55	1.90	2.02	3.06	3.20	5.50	4.87	3.90	1.62	4.51
	0.21	0.91	0.31	0.31	0.51	0.23	1.65	0.88	0.96	1.51	0.69	1.61	1.77	1.26	1.20	0.86
Ease of Access to Doctor																
Very Satisfied	21.67	15.77	26.66	19.68	17.54	23.02	8.56	17.75	11.81	10.92	13.99	17.26	15.66	16.11	23.93	16.62
	0.73	1.20	0.99	1.04	1.57	0.79	1.91	2.21	1.59	2.75	1.42	6.51	2.43	2.41	7.42	1.39
(Very) Unsatisfied	6.18	11.37	4.58	6.39	5.49	5.76	11.51	5.32	6.75	6.92	7.06	14.59	7.82	10.38	6.09	9.59
	0.32	1.05	0.45	0.55	0.77	0.37	1.55	1.33	1.72	2.62	0.92	3.05	2.22	2.25	2.34	1.59
Can Obtain Care in Same Location																
Very Satisfied	16.48	15.21	18.98	15.00	14.06	17.14	8.57	12.73	12.13	10.88	11.59	13.96	15.98	19.72	21.33	16.95
	0.69	1.39	0.93	0.92	1.44	0.75	1.53	2.01	1.72	2.27	1.22	8.05	3.27	3.44	4.59	1.36
(Very) Unsatisfied	5.55	12.08	5.19	4.26	3.95	5.43	11.75	3.40	2.61	5.81	5.14	13.33	6.44	4.64	4.73	7.10
	0.34	1.05	0.45	0.51	0.74	0.38	2.20	1.30	1.08	2.20	0.82	3.96	1.83	1.36	1.37	1.05



**Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,959	2,525	15,962	8,425	2,189	29,101	669	1,566	717	223	3,175	356	974	520	132	1,982
	83	60	131	88	56	203	31	41	24	15	51	33	93	74	23	173
Beneficiaries as a Percent of Column Total <sup>4</sup>																
Relationship with Primary Doctor																
Information from Doctor																
Very Satisfied	19.42	19.46	22.79	17.89	15.67	20.55	10.80	12.76	11.83	6.13	11.67	18.20	15.81	16.59	30.23	17.42
	0.73	1.48	0.97	0.88	1.52	0.81	2.00	1.99	1.59	2.02	1.09	8.12	3.11	2.88	5.79	1.37
(Very) Unsatisfied	6.46	10.71	6.18	6.27	5.77	6.56	10.28	5.73	3.74	6.40	6.29	10.37	6.36	4.32	1.40	6.22
	0.28	0.98	0.43	0.49	0.75	0.34	1.54	1.25	1.12	1.95	0.77	2.26	1.77	1.38	1.38	0.97
Doctor's Concern for Overall Health																
Very Satisfied	20.48	20.31	22.95	20.20	17.67	21.53	11.67	14.82	14.20	9.55	13.65	17.98	17.74	19.70	29.19	19.07
	0.71	1.57	0.89	0.96	1.57	0.77	2.19	2.24	1.63	2.10	1.19	8.46	3.43	3.53	6.65	1.67
(Very) Unsatisfied	6.05	10.61	5.64	5.35	5.24	5.96	9.87	4.26	3.59	6.99	5.48	6.76	6.68	7.92	4.11	6.85
	0.30	1.06	0.41	0.50	0.82	0.32	2.05	1.48	1.10	1.93	0.95	2.77	1.65	2.25	2.78	1.01
Cost of Care																
Cost																
Very Satisfied	14.60	13.44	16.93	13.06	12.82	15.20	8.03	8.35	9.39	9.48	8.59	13.07	15.64	14.98	18.87	15.22
	0.55	1.07	0.74	0.85	1.16	0.61	1.38	1.48	1.58	2.49	0.97	5.61	2.79	2.69	6.61	1.61
(Very) Unsatisfied	17.13	27.73	15.49	15.00	16.01	16.45	30.75	22.03	21.50	15.60	23.29	26.46	17.73	18.50	10.71	19.04
	0.50	1.53	0.80	0.96	1.42	0.56	2.63	2.57	2.51	2.91	1.61	5.36	2.32	2.28	3.40	1.58

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.
- 4 Column percentages do not sum to 100 percent because the responses of "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	34,959	586	3,716	3,192	1,141	8,635	1,604	12,667	4,839	682	19,792	1,448	2,486	1,818	776	6,527
	83	36	120	80	47	152	45	150	92	32	150	55	108	67	40	146
Beneficiaries as a Percent of Column Total																
Access to Care																
Usual Source of Care																
None <sup>3</sup>	8.90	11.88	9.50	8.47	7.25	8.98	8.80	8.73	6.41	6.84	8.11	15.17	13.05	7.67	6.25	11.21
	0.34	2.09	1.26	0.96	0.96	0.64	1.37	0.60	0.78	1.53	0.45	1.43	1.60	1.04	1.16	0.75
Doctor's office	69.63	52.08	68.12	74.35	78.58	70.73	64.38	69.36	73.70	76.59	70.26	56.42	64.62	72.67	74.71	66.25
	1.10	3.74	1.81	1.69	2.23	1.26	2.34	1.34	1.93	3.13	1.30	2.00	2.41	1.60	2.42	1.30
Doctor's clinic	8.67	9.73	9.61	7.86	7.81	8.74	9.77	9.32	9.29	7.44	9.28	7.56	5.88	6.82	7.81	6.75
	0.90	2.20	1.38	1.17	1.79	1.09	1.56	0.98	1.52	1.79	1.03	1.02	1.09	1.10	1.42	0.70
HMO <sup>4</sup>	4.92	1.81	5.23	4.09	1.40	4.08	5.28	6.34	4.40	2.22	5.64	1.54	5.62	3.88	2.34	3.84
	0.33	0.76	0.76	0.61	0.51	0.42	1.04	0.52	0.67	0.86	0.43	0.45	1.31	0.75	0.73	0.62
Hospital OPD/ER <sup>5</sup>	3.38	13.78	3.33	2.14	1.76	3.38	4.63	2.28	2.90	2.37	2.62	10.19	5.10	3.97	3.08	5.67
	0.24	2.43	0.69	0.41	0.56	0.43	0.87	0.30	0.50	0.85	0.27	1.29	0.82	0.86	0.91	0.53
Other clinic/ health center	4.50	10.73	4.20	3.08	3.19	4.09	7.14	3.98	3.30	4.55	4.09	9.12	5.73	4.99	5.82	6.28
	0.27	2.07	0.82	0.56	0.74	0.50	1.24	0.50	0.44	1.54	0.35	1.36	0.98	0.72	1.23	0.57
Difficulty Obtaining Care																
Yes	3.65	13.11	3.28	3.27	1.80	3.74	13.68	2.31	1.19	1.06	2.92	11.93	4.50	3.59	3.49	5.77
	0.22	2.67	0.52	0.49	0.62	0.35	1.55	0.33	0.28	0.52	0.29	1.58	0.94	0.76	0.83	0.58
No	96.35	86.89	96.72	96.73	98.20	96.26	86.32	97.69	98.81	98.94	97.08	88.07	95.50	96.41	96.51	94.23
	0.22	2.67	0.52	0.49	0.62	0.35	1.55	0.33	0.28	0.52	0.29	1.58	0.94	0.76	0.83	0.58
Delayed Care Due to Cost																
Yes	10.94	26.26	11.81	7.94	6.01	10.59	30.30	8.70	6.54	3.17	9.74	23.71	16.68	9.85	5.89	15.04
	0.45	3.11	1.34	0.98	1.08	0.76	2.16	0.61	0.71	0.98	0.49	2.07	1.67	1.16	1.23	1.01
No	89.06	73.74	88.19	92.06	93.99	89.41	69.70	91.30	93.46	96.83	90.26	76.29	83.32	90.15	94.11	84.96
	0.45	3.11	1.34	0.98	1.08	0.76	2.16	0.61	0.71	0.98	0.49	2.07	1.67	1.16	1.23	1.01

**Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Indicator of Access to Care <sup>2</sup>	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	34,959	586	3,716	3,192	1,141	8,635	1,604	12,667	4,839	682	19,792	1,448	2,486	1,818	776	6,527
	83	36	120	80	47	152	45	150	92	32	150	55	108	67	40	146
<b>Continuity of Care</b>																
<b>Length of Association with Usual Source of Care</b>																
No usual source <sup>3</sup>	8.96	12.17	9.58	8.52	7.39	9.07	8.81	8.77	6.45	6.91	8.14	15.26	13.10	7.73	6.41	11.30
	0.34	2.15	1.27	0.96	0.97	0.65	1.37	0.60	0.79	1.55	0.46	1.44	1.60	1.05	1.18	0.76
Less than 1 year	9.76	10.82	12.20	7.78	5.80	9.63	8.27	10.02	9.00	10.58	9.65	9.99	10.07	10.24	11.31	10.25
	0.32	2.40	1.17	0.89	1.03	0.73	1.36	0.62	1.03	2.16	0.50	1.13	1.34	1.13	1.93	0.64
1 to less than 3 years	18.08	21.78	18.71	16.44	17.41	17.90	17.94	17.83	16.72	14.59	17.45	22.05	20.52	19.39	17.74	20.22
	0.46	3.00	1.47	1.23	1.67	0.84	1.69	0.73	1.00	1.92	0.49	1.38	2.04	1.32	2.10	0.94
3 to less than 5 years	15.87	15.68	16.84	16.29	15.60	16.40	19.39	14.91	17.32	12.38	15.77	16.94	14.83	15.70	14.00	15.45
	0.37	2.32	1.23	1.12	1.57	0.68	1.66	0.65	0.95	1.71	0.54	1.55	1.47	1.48	2.06	0.77
5 years or more	47.34	39.55	42.68	50.96	53.80	47.00	45.59	48.47	50.52	55.54	48.98	35.75	41.48	46.94	50.53	42.79
	0.61	3.31	1.98	1.78	2.63	1.18	2.49	1.14	1.30	3.16	0.84	1.66	2.12	1.87	2.90	1.08

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry Missing values in Appendix B for further explanation.
- HMO stands for Health Maintenance Organization.
- OPD stands for Outpatient Department; ER stands for Emergency Room.



Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone					Total	Lives with Spouse					Total	Lives with Children/Others					Total
		< 65	65 - 74	75 - 84	85 +	< 65		65 - 74	75 - 84	85 +	< 65	65 - 74		75 - 84	85 +				
Beneficiaries (in 000s)	34,959	586	3,716	3,192	1,141	8,635	1,604	12,667	4,839	682	19,792	1,448	2,486	1,818	776	6,527			
	83	36	120	80	47	152	45	150	92	32	150	55	108	67	40	146			
Beneficiaries as a Percent of Column Total <sup>3</sup>																			
Quality of Care																			
General Care																			
Very Satisfied	32.35	24.23	33.62	30.84	28.74	31.33	25.92	36.20	32.61	31.72	34.34	24.79	29.21	29.08	24.75	27.67			
	0.77	2.73	1.82	1.66	2.21	1.13	2.18	1.16	1.34	2.82	0.91	1.85	2.20	1.79	2.25	1.13			
(Very) Unsatisfied	3.86	8.97	3.43	4.19	2.53	3.96	6.81	3.03	2.95	3.85	3.35	8.83	3.85	5.11	3.47	5.26			
	0.20	2.26	0.58	0.66	0.63	0.39	0.91	0.35	0.47	1.19	0.28	1.21	0.83	0.84	0.90	0.48			
Follow-up Care																			
Very Satisfied	18.80	14.82	19.40	17.66	13.55	17.68	17.26	21.05	19.22	16.82	20.15	14.16	16.17	17.43	16.88	16.16			
	0.67	2.65	1.55	1.39	1.90	0.96	1.94	0.88	1.16	2.42	0.77	1.68	1.75	1.64	1.99	0.95			
(Very) Unsatisfied	3.40	6.56	2.72	2.87	2.97	3.07	5.40	3.14	2.35	4.47	3.18	7.53	3.90	3.71	2.89	4.53			
	0.19	1.80	0.58	0.50	0.83	0.35	0.90	0.37	0.40	1.22	0.26	1.35	0.93	0.71	0.87	0.53			
Access/Coordination of Care																			
Availability																			
Very Satisfied	11.33	9.33	9.57	9.57	10.21	9.63	11.02	12.95	10.87	10.58	12.20	9.91	12.09	9.77	11.79	10.93			
	0.49	2.01	1.08	1.09	1.46	0.70	1.43	0.75	0.88	2.06	0.58	1.19	1.56	1.08	1.66	0.75			
(Very) Unsatisfied	3.68	10.52	3.04	2.15	3.18	3.23	8.30	3.44	3.06	2.20	3.70	9.15	3.16	2.24	3.15	4.23			
	0.21	1.88	0.58	0.50	0.71	0.34	1.10	0.36	0.45	0.77	0.28	1.10	0.80	0.65	0.90	0.45			
Ease of Access to Doctor																			
Very Satisfied	21.67	14.58	23.08	16.06	16.96	19.11	14.81	26.95	21.95	17.72	24.43	14.56	18.92	15.29	16.46	16.65			
	0.73	2.53	1.54	1.28	1.91	0.99	1.80	1.07	1.34	2.20	0.85	1.50	1.73	1.34	2.08	0.96			
(Very) Unsatisfied	6.18	10.72	6.33	7.64	5.01	6.94	10.99	4.03	5.34	4.10	4.92	13.40	7.33	8.38	7.78	9.02			
	0.32	2.14	0.89	0.82	1.04	0.62	1.48	0.39	0.70	1.16	0.35	1.42	1.16	1.07	1.28	0.68			
Can Obtain Care in Same Location																			
Very Satisfied	16.48	14.48	15.61	13.13	13.68	14.37	14.69	18.84	17.28	13.03	17.92	12.62	18.30	11.99	15.12	14.90			
	0.69	2.23	1.33	1.17	1.69	0.87	2.11	0.99	1.09	2.03	0.82	1.51	2.09	1.42	2.01	1.04			
(Very) Unsatisfied	5.55	12.63	5.25	4.20	3.95	5.19	12.61	5.23	4.44	3.91	5.59	11.75	4.85	3.10	4.86	5.89			
	0.34	2.27	0.99	0.64	0.93	0.58	1.53	0.43	0.63	1.10	0.38	1.57	0.95	0.77	1.17	0.61			



**Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	34,959	586	3,716	3,192	1,141	8,635	1,604	12,667	4,839	682	19,792	1,448	2,486	1,818	776	6,527
	83	36	120	80	47	152	45	150	92	32	150	55	108	67	40	146
<b>Beneficiaries as a Percent of Column Total<sup>3</sup></b>																
<b>Relationship with Primary Doctor</b>																
<b>Information from Doctor</b>																
Very Satisfied	19.42	15.79	18.51	18.00	14.16	17.57	18.95	22.79	17.76	17.04	21.06	17.31	18.54	14.92	15.35	16.88
	0.73	2.57	1.46	1.23	1.73	0.94	2.22	1.00	1.07	2.35	0.85	1.74	1.89	1.52	1.97	1.04
(Very) Unsatisfied	6.46	12.81	5.98	6.45	5.50	6.55	9.74	6.18	5.94	7.36	6.45	10.62	5.81	4.96	3.81	6.39
	0.28	2.67	0.94	0.73	0.94	0.60	1.11	0.45	0.59	1.53	0.35	1.28	1.03	0.82	1.04	0.56
<b>Doctor's Concern for Overall Health</b>																
Very Satisfied	20.48	17.71	20.41	19.21	18.45	19.53	19.83	22.45	21.32	17.83	21.80	16.95	19.59	16.00	16.95	17.68
	0.71	2.61	1.61	1.33	2.03	1.03	2.04	0.99	1.11	2.69	0.78	1.71	2.12	1.53	2.02	1.14
(Very) Unsatisfied	6.05	13.93	6.06	5.84	4.93	6.36	9.20	5.65	4.92	7.89	5.84	9.69	5.51	5.78	3.51	6.27
	0.30	3.00	0.91	0.71	1.11	0.53	1.07	0.45	0.60	1.65	0.38	1.12	1.14	0.98	0.87	0.56
<b>Cost of Care</b>																
<b>Cost</b>																
Very Satisfied	14.60	13.50	15.10	11.07	11.90	13.08	10.77	16.79	14.45	14.28	15.65	13.67	14.06	12.72	12.73	13.44
	0.55	2.28	1.23	1.03	1.42	0.77	1.44	0.81	0.98	2.23	0.68	1.37	1.77	1.47	1.80	0.93
(Very) Unsatisfied	17.13	26.47	13.90	15.78	15.95	15.71	33.07	16.57	14.59	17.85	17.47	23.07	16.92	17.66	12.57	17.97
	0.50	3.36	1.32	1.35	1.86	0.78	2.08	0.89	1.02	2.37	0.66	1.84	1.64	1.67	1.88	0.99

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses to "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1993 (2 pages)

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health			Indicators of Poor Health		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
Beneficiaries (in 000s)	34,959	14,878	19,789	11,345	9,633	2,574	1,793
	83	232	224	186	187	106	92
Beneficiaries as a Percent of Column Total							
Access to Care							
Usual Source of Care							
None <sup>6</sup>	8.90	11.13	10.35	11.66	6.08	6.03	6.12
	0.34	0.55	0.55	0.66	0.45	0.70	0.90
Doctor's office	69.63	67.55	68.57	66.87	71.07	70.88	70.69
	1.10	1.22	1.24	1.26	1.30	1.78	2.26
Doctor's clinic	8.67	9.33	8.83	9.45	7.64	8.28	7.46
	0.90	0.98	0.90	0.92	0.78	1.11	1.13
HMO <sup>7</sup>	4.92	6.32	5.84	6.64	2.79	2.12	1.93
	0.33	0.57	0.48	0.66	0.35	0.52	0.60
Hospital OPD/ER <sup>8</sup>	3.38	2.21	2.57	2.11	5.65	6.36	7.50
	0.24	0.25	0.26	0.27	0.56	0.98	1.22
Other clinic/health center	4.50	3.46	3.84	3.28	6.77	6.32	6.30
	0.27	0.31	0.32	0.35	0.57	0.79	0.96
Difficulty Obtaining Care							
Yes	3.65	1.94	1.55	1.57	7.99	9.57	12.54
	0.22	0.26	0.19	0.27	0.58	1.06	1.32
No	96.35	98.06	98.45	98.43	92.01	90.43	87.46
	0.22	0.26	0.19	0.27	0.58	1.06	1.32
Delayed Care Due to Cost							
Yes	10.94	6.26	6.61	5.19	20.22	19.72	22.77
	0.45	0.52	0.51	0.54	0.91	1.57	2.00
No	89.06	93.74	93.39	94.81	79.78	80.28	77.23
	0.45	0.52	0.51	0.54	0.91	1.57	2.00

**Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health			Indicators of Poor Health		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
Beneficiaries (in 000s)	34,959	14,878	19,789	11,345	9,633	2,574	1,793
	83	232	224	186	187	106	92

**Beneficiaries as a Percent of Column Total**

**Continuity of Care**

**Length of Association with Usual Source of Care**

No usual source <sup>6</sup>	8.96	11.17	10.39	11.69	6.14	6.11	6.21
	0.34	0.55	0.55	0.67	0.46	0.71	0.91
Less than 1 year	9.76	8.79	9.26	8.87	11.64	11.49	12.09
	0.32	0.50	0.43	0.58	0.66	1.25	1.60
1 to less than 3 years	18.08	17.93	17.15	17.45	18.29	18.67	18.52
	0.46	0.69	0.57	0.68	0.77	1.54	1.72
3 to less than 5 years	15.87	15.11	15.53	15.12	17.34	15.25	15.22
	0.37	0.58	0.50	0.67	0.70	1.33	1.66
5 years or more	47.34	47.00	47.67	46.87	46.59	48.48	47.96
	0.61	0.89	0.78	1.04	0.94	1.97	2.59

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 "Indicators of Good Health" and "Indicators of Poor Health" do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 "No Functional Limitations" means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 ADL stands for Activity of Daily Living.
- 6 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry Missing values in Appendix B for further explanation.
- 7 HMO stands for Health Maintenance Organization.
- 8 OPD stands for Outpatient Department; ER stands for Emergency Room.



**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health			Indicators of Poor Health		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 000s)</b>	34,959	14,878	19,789	11,345	9,633	2,574	1,793
	83	232	224	186	187	106	92
<b>Beneficiaries as a Percent of Column Total<sup>6</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very Satisfied	32.35	40.55	35.87	41.47	23.03	24.85	22.13
	0.77	1.02	0.96	1.14	0.96	1.78	2.02
(Very) Unsatisfied	3.86	2.03	2.56	1.62	7.61	6.57	6.83
	0.20	0.22	0.25	0.24	0.51	0.82	1.09
<b>Follow-up Care</b>							
Very Satisfied	18.80	22.89	20.17	23.33	14.90	17.47	16.25
	0.67	0.96	0.87	1.10	0.78	1.47	1.71
(Very) Unsatisfied	3.40	1.84	2.19	1.60	6.64	6.57	7.54
	0.19	0.21	0.26	0.24	0.43	1.16	1.46
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very Satisfied	11.33	13.08	11.90	13.25	10.31	12.20	11.89
	0.49	0.72	0.56	0.73	0.63	1.39	1.71
(Very) Unsatisfied	3.68	2.04	2.20	1.67	6.75	7.38	8.13
	0.21	0.24	0.21	0.25	0.45	1.02	1.30
<b>Ease of Access to Doctor</b>							
Very Satisfied	21.67	28.61	25.44	29.59	13.47	12.41	10.60
	0.73	1.11	0.99	1.28	0.68	1.23	1.62
(Very) Unsatisfied	6.18	3.38	2.86	2.06	11.55	15.12	16.93
	0.32	0.32	0.27	0.29	0.65	1.33	1.70
<b>Can Obtain Care in Same Location</b>							
Very Satisfied	16.48	21.26	18.35	21.89	11.56	13.48	12.33
	0.69	0.96	0.84	1.05	0.82	1.42	1.66
(Very) Unsatisfied	5.55	3.80	3.55	2.96	9.22	8.96	10.54
	0.34	0.36	0.34	0.33	0.69	1.05	1.57



**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health			Indicators of Poor Health		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
Beneficiaries (in 000s)	34,959	14,878	19,789	11,345	9,633	2,574	1,793
	83	232	224	186	187	106	92
Beneficiaries as a Percent of Column Total <sup>6</sup>							
Relationship with Primary Doctor							
Information from Doctor							
Very Satisfied	19.42	24.88	21.43	25.48	13.59	16.06	13.35
	0.73	1.10	0.87	1.24	0.84	1.49	1.55
(Very) Unsatisfied	6.46	3.69	4.20	3.18	11.22	10.60	11.76
	0.28	0.33	0.32	0.35	0.58	1.14	1.44
Doctor's Concern for Overall Health							
Very Satisfied	20.48	25.10	21.85	25.42	15.42	20.09	18.37
	0.71	1.05	0.91	1.14	0.85	1.75	1.99
(Very) Unsatisfied	6.05	3.86	4.11	3.17	10.41	9.21	9.80
	0.30	0.38	0.39	0.39	0.60	1.00	1.35
Cost of Care							
Cost							
Very Satisfied	14.60	18.55	16.74	19.92	9.96	13.03	12.18
	0.55	0.84	0.77	0.99	0.69	1.48	1.68
(Very) Unsatisfied	17.13	12.57	13.15	11.40	25.85	26.44	29.21
	0.50	0.70	0.59	0.73	0.88	1.79	2.39

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 "Indicators of Good Health" and "Indicators of Poor Health" do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 "No Functional Limitations" means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 ADL stands for Activity of Daily Living.
- 6 Column percentages do not sum to 100 percent because the responses for "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

**Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	34,959	4,195	4,475	10,228	11,681	1,824	2,557
	83	146	167	226	226	98	97
<b>Beneficiaries as a Percent of Column Total</b>							
<b>Access to Care</b>							
<b>Usual Source of Care</b>							
None <sup>3</sup>	8.90	16.63	10.45	8.24	7.67	6.32	3.65
	0.34	1.18	0.91	0.63	0.49	1.02	0.96
Doctor's office	69.63	56.07	64.44	77.34	75.50	80.38	35.81
	1.10	1.86	1.17	1.63	1.40	2.37	2.08
Doctor's clinic	8.67	6.14	7.10	9.95	8.68	9.33	9.99
	0.90	0.79	0.89	1.35	1.02	1.84	1.39
HMO <sup>4</sup>	4.92	0.10	2.27	0.13	3.52	0.00	46.29
	0.33	0.11	0.44	0.10	0.54	0.00	2.51
Hospital OPD/ER <sup>5</sup>	3.38	5.59	10.08	1.92	2.13	1.14	1.17
	0.24	0.72	0.80	0.23	0.40	0.47	0.48
Other clinic/ health center	4.50	15.48	5.67	2.42	2.50	2.83	3.09
	0.27	1.43	0.69	0.32	0.32	0.84	0.57
<b>Difficulty Obtaining Care</b>							
Yes	3.65	7.72	8.65	2.16	2.00	1.68	3.21
	0.22	0.89	0.79	0.33	0.28	0.67	0.76
No	96.35	92.28	91.35	97.84	98.00	98.32	96.79
	0.22	0.89	0.79	0.33	0.28	0.67	0.76
<b>Delayed Care Due to Cost</b>							
Yes	10.94	24.72	15.78	9.55	7.62	6.19	3.97
	0.45	1.50	0.96	0.77	0.55	1.18	0.74
No	89.06	75.28	84.22	90.45	92.38	93.81	96.03
	0.45	1.50	0.96	0.77	0.55	1.18	0.74

**Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,959	4,195	4,475	10,228	11,681	1,824	2,557
	83	146	167	226	226	98	97
Beneficiaries as a Percent of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source <sup>3</sup>	8.96	16.75	10.55	8.29	7.71	6.40	3.67
	0.34	1.20	0.91	0.64	0.49	1.04	0.96
Less than 1 year	9.76	8.56	11.63	9.55	7.98	8.04	18.57
	0.32	1.00	0.79	0.57	0.56	1.21	1.77
1 to less than 3 years	18.08	16.79	22.30	15.57	16.80	19.67	27.50
	0.46	1.09	1.15	0.78	0.69	2.38	1.66
3 to less than 5 years	15.87	15.83	15.99	14.45	16.96	13.35	18.09
	0.37	0.97	0.98	0.60	0.73	1.80	1.85
5 years or more	47.34	42.07	39.54	52.14	50.54	52.53	32.17
	0.61	1.50	1.30	0.93	1.16	2.12	1.86

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry Missing values in Appendix B for further explanation.
- 4 HMO stands for Health Maintenance Organization.
- 5 OPD stands for Outpatient Department; ER stands for Emergency Room.



**Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>3</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,959	4,195	4,475	10,228	11,681	1,824	2,557
	83	146	167	226	226	98	97
Beneficiaries as a Percent of Column Total <sup>4</sup>							
Quality of Care							
General Care							
Very Satisfied	32.35	22.50	23.54	33.75	35.71	39.28	37.96
	0.77	1.47	1.17	1.15	1.11	2.23	2.33
(Very) Unsatisfied	3.86	4.98	6.47	3.33	2.76	2.94	5.25
	0.20	0.67	0.66	0.33	0.31	0.68	0.86
Follow-up Care							
Very Satisfied	18.80	11.87	15.18	19.69	20.06	24.54	23.04
	0.67	1.18	1.18	1.02	0.91	2.01	1.84
(Very) Unsatisfied	3.40	3.24	4.54	2.68	3.54	2.34	4.69
	0.19	0.40	0.57	0.38	0.34	0.52	0.65
Access/Coordination of Care							
Availability							
Very Satisfied	11.33	9.16	10.57	10.73	11.89	11.48	15.95
	0.49	1.04	0.93	0.80	0.83	1.35	1.66
(Very) Unsatisfied	3.68	4.75	5.52	2.85	3.50	3.26	3.21
	0.21	0.60	0.51	0.33	0.37	0.97	0.73
Ease of Access to Doctor							
Very Satisfied	21.67	14.91	13.67	22.74	23.89	27.81	27.85
	0.73	1.28	0.99	1.24	0.93	2.19	1.86
(Very) Unsatisfied	6.18	8.81	10.40	4.88	4.82	4.92	6.86
	0.32	0.80	0.82	0.41	0.51	0.99	0.96
Can Obtain Care in Same Location							
Very Satisfied	16.48	12.86	13.72	16.26	16.62	15.79	27.97
	0.69	1.14	1.26	1.17	0.79	1.78	2.08
(Very) Unsatisfied	5.55	6.34	6.36	5.38	5.07	6.52	4.94
	0.34	0.72	0.76	0.45	0.56	1.33	0.92



**Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1993 (2 pages)**

**Community-Only Residents<sup>1</sup>**

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>3</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	34,959	4,195	4,475	10,228	11,681	1,824	2,557
	83	146	167	226	226	98	97
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very Satisfied	19.42	12.68	15.71	20.01	20.80	26.12	23.39
	0.73	1.30	1.11	1.04	0.99	2.23	1.85
(Very) Unsatisfied	6.46	7.05	7.80	6.26	5.86	5.99	7.06
	0.28	0.77	0.68	0.56	0.43	1.21	1.05
<b>Doctor's Concern for Overall Health</b>							
Very Satisfied	20.48	13.91	15.57	22.10	21.61	23.56	25.86
	0.71	1.13	1.22	1.13	0.85	2.14	1.73
(Very) Unsatisfied	6.05	7.04	7.24	5.10	5.33	5.86	9.53
	0.30	0.84	0.64	0.49	0.45	1.15	1.37
<b>Cost of Care</b>							
<b>Cost</b>							
Very Satisfied	14.60	7.67	15.78	11.52	16.42	15.24	27.42
	0.55	0.96	0.88	0.83	0.82	1.50	2.00
(Very) Unsatisfied	17.13	27.19	13.07	19.64	14.95	15.06	9.18
	0.50	1.48	0.90	1.09	0.84	1.40	1.13

Source: Medicare Current Beneficiary Survey, CY 1993 Cost and Use Public Use File, CY 1993 Access to Care Public Use File, supplemented by CY 1992 and CY 1994 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1993 file.

Note: Standard errors are shaded. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 7 (i.e., the 1993 Access to Care Public Use File) were taken from their Round 4 interview (i.e., the 1992 Access to Care Public Use File) or from their Round 10 interview (i.e., the 1994 Access to Care Public Use File).
- 3 HMO stands for Health Maintenance Organization.
- 4 Column percentages do not sum to 100 percent because the responses to "satisfied" and "no experience" are excluded from the table for all satisfaction variables.





APPENDIX

A

TECHNICAL  
DOCUMENTATION  
FOR THE  
MEDICARE  
CURRENT  
BENEFICIARY  
SURVEY

## OVERVIEW

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of aged and disabled Medicare beneficiaries sponsored by the Health Care Financing Administration (HCFA). In 1993, the sample included approximately 16,000 beneficiaries residing in households and long-term care facilities.<sup>1</sup> The survey provides comprehensive data on health and functional status, health care expenditures, and health insurance for demographic and socioeconomic subgroups of Medicare beneficiaries. A key feature of the survey is its longitudinal design, following sample persons over time. Each sample person is interviewed three times a year over 4 years, regardless of whether he or she resides in the community or a facility, or transitions between community and facility settings. (For a description of the MCBS, see G.S. Adler, Summer 1994, "A Profile of the Medicare Current Beneficiary Survey," *Health Care Financing Review*, 15(4): 153-163.)

## Sample Design

The target population consists of aged and disabled beneficiaries enrolled in Medicare Part A (hospital insurance) or Part B (medical insurance), or both, and residing in households or long-term care facilities in the United States and Puerto Rico. Sample persons were selected from Medicare enrollment files to be representative of the Medicare population as a whole and the following age groups: under 45, 45 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 and over. The sample was selected by using a stratified, multistage area probability sample design. Three stages of selection were used in sampling beneficiaries: (1) selection of a nationally representative stratified sample of 107 primary sampling units (PSUs) consisting of metropolitan statistical areas or clusters of nonmetropolitan counties; (2) selection of ZIP Code clusters within sample PSUs; and (3) selection of beneficiaries within the sampled ZIP Code clusters.

The final sample contains complete annual health care cost and use data for over 12,000 beneficiaries. The sample is supplemented annually during the September-December interview period to compensate for sample attrition (e.g., deaths, disenrollments, or refusals) and to represent newly enrolled beneficiaries. To ensure that annual samples yield enough persons with long-term care facility stays to produce reliable estimates, two groups of enrollees likely to have long-term care facility stays are oversampled: disabled persons under age 65 and very old persons age 80 and over.

## Survey Operations

Field work on the MCBS is conducted for HCFA's Office of the Actuary by Westat, a survey research firm with offices in Rockville, Maryland. Data collection for Round 1 began in September 1991 and was completed in December 1991. Subsequent rounds of data collection, which involve reinterviewing the same sample persons (or their proxies), begin every 4 months. Interviews are conducted regardless of whether the sample person resides at home or in a long-term care facility, using the version of the questionnaire appropriate to the setting.

In 1993, data were collected from 12,330 beneficiaries for the Cost and Use file. The sample included 11,077 persons who lived in the community for the entire year, 971 persons who lived in long-term care facilities for the entire year, and 282 persons who lived part of the year in the community and part of the year in a long-term care facility. Interview strategies and survey instruments used to collect data are described below.

**Repeat Interviews.** The MCBS is a longitudinal panel survey, with sample persons interviewed three times a year over 4 years to form a continuous profile of their health care experience.<sup>2</sup> The design allows MCBS data users to track changes in insurance coverage and other personal circumstances. For example, users can observe processes such as persons moving from their homes to long-term

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<sup>1</sup> Beneficiaries living in households are referred to as community residents in this sourcebook.

<sup>2</sup> This sourcebook is the second in a series of reports on these beneficiaries.



care facilities, or persons in communities spending down their assets on health care.

**The Community Interview.** Sample persons in the community are interviewed through computer-assisted personal interviewing (CAPI) survey instruments. The CAPI program automatically guides the interviewer through questions, records the answers, and compares beneficiary responses to edit specifications for accuracy and relationships to other responses. CAPI improves data collection and lessens the need for after-the-fact editing and corrections. It guides the interviewer through complex skip patterns and inserts followup questions where key data are missing from the previous round. When the interview is completed, CAPI allows the interviewer to transmit the data by telephone to the home office computer.

The interviews yield a time series of data on utilization of health services, medical care expenditures, health insurance coverage, sources of payment for health services, health status and functioning, and beneficiary information such as income, assets, living arrangement, family assistance, and quality of life. To improve the accuracy of the data, respondents are requested to record medical events on calendars provided by the interviewer, and they are also asked to save Explanation of Benefit forms from Medicare, as well as receipts and statements from private health insurers. To assist in reporting data on prescription medicines, respondents are asked to bring to the interview bottles, tubes, and prescription bags provided by the pharmacy.

An effort is made to interview each sample person directly. However, each sample person is asked to designate a potential proxy, usually a family member or close acquaintance, in case he or she is physically or mentally unable to do the interview. On average, about 12 percent of the community interviews in each round are conducted by proxy. The following instruments are used in community interviews:

■ **The Baseline Questionnaire:** Collects health insurance, household composition, health status, access to and satisfaction with medical care, and demographic and socioeconomic information for supplemental sample beneficiaries living in household units in the community. Selected information from this questionnaire—primarily health status, and access to and satisfaction with care—is updated annually for continuing sample persons living in the community using *The Community Supplement to the Core Questionnaire*. Additional supplemental questions are added to the core questionnaire in various rounds to gather information about specific topics, including detailed information about the sample person's income and assets in the spring-summer round of data collection.

■ **The Community Core Questionnaire:** Collects detailed health insurance, medical care use, and charge and payment information. This questionnaire is asked in every round but the initial one.

**The Facility Interview.** MCBS interviews of persons in long-term care facilities use a similar but shortened version of the community instrument. A long-term care facility is defined as having three or more beds and providing long-term care services throughout the facility or in a separately identifiable unit. Types of facilities participating in the survey include nursing homes, retirement homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled.

If an institutionalized person returns to the community, a community interview is conducted. If he or she spends part of the reference period in the community and part in an institution, a separate interview is conducted for each period of time. Hence, a beneficiary can be followed in and out of facilities,

and a continuous record is maintained regardless of where the person resides.

Because long-term care facility residents often are in poor health and many facility administrators prefer that patients not be disturbed, the survey collects information about institutionalized patients from proxy respondents affiliated with the facility. Nurses or other primary care givers usually respond to questions about physical functioning and medical treatment of the sample person. Billing office workers usually respond to questions about charges and payments.

Traditional pencil and paper techniques, rather than CAPI, are used to collect data for persons in long-term care facilities. The facility instruments are being converted to CAPI in 1997. The following instruments are used in facility stay interviews:

- **The Facility Screener:** Collects information on facility characteristics such as type of facility, size, and ownership. It is used during the initial interview, and in each fall round thereafter.
- **The Baseline Questionnaire:** Collects information on health status, insurance coverage, residence history, and demographics for supplemental sample beneficiaries in facilities and new admissions from the continuing sample. Selected information from this questionnaire—primarily health status—is updated annually for continuing sample persons residing in facilities using an abbreviated version, *The Facility Supplement to the Core Questionnaire*.
- **The Facility Core Questionnaire:** Collects facility use data and charge and payment information. This questionnaire is asked in every round but the initial one.

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<sup>3</sup> Detailed documentation of the CY 93 Cost and Use file is available from the Health Care Financing Administration, Office of the Actuary, Office of National Health Statistics, in Baltimore, Maryland.

## MCBS PUBLIC USE FILES

To date, HCFA has released public use files (PUFs) on access to care for calendar years 1991 through 1995, and on cost and use for calendar years 1992 through 1994. The Access to Care PUFs contain information on access to and satisfaction with care, health status and functioning, and demographic and socioeconomic characteristics of the sample population. Access to Care files also contain claims for Medicare-covered services, but the claims data are not matched to survey-reported information on the cost and use of health care services. The Cost and Use PUFs, on the other hand, are annual files that contain survey data for all medical services received in the calendar year, with linkages to Medicare claims. They also contain much of the Access to Care information.

### Cost and Use

The 1993 Cost and Use file is the second in an annual series of files containing comprehensive data on the cost and use of medical services by the Medicare population.<sup>3</sup> It links Medicare claims to survey-reported events, and provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare. Expenditure data were developed through a reconciliation process that combines information from survey respondents and Medicare administrative files. The process produces a comprehensive picture of health services received, amounts paid, and sources of payment. The file can support a broader range of research and policy analyses on the Medicare population than would be possible using either survey data or administrative claims data alone.

The strength of the file stems from the integration of information that can be obtained only from a beneficiary, and Medicare claims

data on provider services and covered charges. Survey-reported data include information on the use and cost of all types of medical services, as well as information on supplementary health insurance, living arrangements, income, health status, and physical functioning. Medicare claims data includes use and cost information on inpatient hospitalizations, outpatient hospital care, physician services, home health care, durable medical equipment, skilled nursing home services, hospice care, and other medical services.

## File Structure

The Cost and Use file contains information on nine types of services: dental, facility stays, institutional utilization, inpatient hospital stays, outpatient hospital care, physician/supplier services, hospice care, home health care, and prescription drugs. As an aid to file users, the data have been provided at the event-level, the type-of-service level, and the person-level. The hierarchical structure allows analysts to use the appropriate file level for their research, avoiding the need to process all the detailed event records in the file. For example, differences in per capita health spending between men and women can be analyzed directly from person-level summary records. Similarly, differences in hospital stays by race can be analyzed directly from type-of-service summary records. Event-level records would be used for more detailed analyses; e.g., comparisons of average length of long-term facility stays or average reimbursements per prescription drug. The content of each level of data is briefly described below.

**Event-level data.** The event-level data consist of separate files for each of the nine event types in the Cost and Use file, except hospice care and home health care. For each event in a file, cost and sources of payment are shown. Charge and payment data have been edited and imputed, if necessary, to make a complete payment picture for each event. Hospice care and home health care are not shown at the event-level because these two service

categories were created from Medicare claims data at the type-of-service level. There are a total of 526,454 records in the seven event-level files.

**Type-of-service summary data.** The type-of-service summary file includes a record for each of the nine service categories in the Cost and Use file. The file contains a summary of all payers, costs, and use for each sample person at the type-of-service level, for a total of 110,970 records. Within each type-of-service record, separate payer amounts are shown for the 11 payer categories in the Cost and Use file. Payer totals are shown two ways: as the sum of event-level payments and in adjusted form. Adjusted payments are necessary because some sample persons had gaps in their coverage (e.g., a respondent missed an interview during the year). To account for information that was not reported for the gap periods, payer amounts were adjusted for differences in Medicare-covered days and days covered by the interview reference periods. Most of the adjustments were for services not covered by Medicare, since HCFA's administrative files have claims for covered services provided to fee-for-service beneficiaries during gap periods.

**Person-level summary data.** The person-level summary file has one record for each of the 12,330 sample persons in the 1993 Cost and Use file. Payments by source have been summarized across service categories to show one total for each type of service and one total for each source of payment. Again, payment amounts are shown as totals from the event-level files and in adjusted form. This sourcebook uses the adjusted amounts.

## The Sample

The original MCBS sample included Medicare beneficiaries who resided in the United States or Puerto Rico on January 1, 1991, and who were enrolled in one or both parts of Medicare at the time of their Round 1 interview. Round 1 was fielded from September through December of 1991. Except for a small number of individu-



als who died or whose coverage terminated subsequent to their interview, the overwhelming component of this group was the “always-enrolled” 1991 population. The group consists of persons who had enrolled in Medicare by January 1, 1991, and were still covered by Medicare on December 31, 1991. Selected data on the Round 1 always-enrolled sample were released as the CY 1991 Access to Care file.

The always-enrolled concept also was used to determine the sample populations in the Access to Care releases for calendar years 1992, 1993, 1994, and 1995. Official Medicare program statistics, however, usually cover all persons entitled to Medicare during the year, including those entitled for all or part of the year, as well as beneficiaries who died during the year. This mix of continuing enrollees, accretions, and terminations is referred to as the “ever-enrolled” population, or everyone who was enrolled in Medicare for any period during the year.

Special steps were taken to expand sample coverage in the 1993 Cost and Use file to all beneficiaries who were ever enrolled during 1993. The steps were necessary because Cost and Use files will be used in analyses involving total and per capita expenditures on health care by the entire Medicare population. Omitting part-year enrollees and persons who died in 1993 could substantially bias the results of these analyses.

To develop the ever-enrolled population in 1993, supplemental samples were used to add part-year beneficiaries to the Cost and Use file. A supplemental sample is drawn each year to account for growth in the Medicare population and to replace survey persons who died or left the survey during the previous year. Sample replenishment is used primarily to ensure that each calendar year file adequately represents the entire Medicare population, but it also can be used to identify new sample persons who were covered by Medicare in the sample year but were missing from the original sampling list.

Beneficiaries from supplemental samples in Rounds 7 and 10 were added to the samples from Rounds 1 and 4 to create an ever-enrolled population for calendar year 1993.

The 1993 Cost and Use file is, therefore, a composite of persons who were (1) continuously enrolled from January 1, 1991, (2) newly enrolled in 1991, (3) newly enrolled in 1992, or (4) newly enrolled in 1993. The number of persons in each group is shown in Table A-1, where newly enrolled beneficiaries after 1991 are referred to as “accreted.”

Table A-1 1993 Cost and Use File Sample

Sample Status	Number of Persons
Pre-1992 Accretes (1991 and 1992 Panels)	11,349
Jan.-Aug. 1992 Accretes (1992 Panel)	298
Sep.-Dec. 1992 Accretes (1993 Panel)	371
1993 Accretes (1994 Panel)	312
Total Sample	12,330

Newly enrolled sample persons from Rounds 7 and 10 are colloquially referred to as “ghosts” because they did not become eligible for Medicare in time to be selected as part of the sample that received all three 1993 interviews. Thus the sample persons who represent late 1992 and all 1993 accretes (i.e., beneficiaries who were newly enrolled in Medicare in September to December, 1992, or in 1993) have incomplete or missing survey data for 1993.

Utilization data for ghosts are included in the 1993 Cost and Use file at the type-of-service and person summary levels, even though they were not interviewed until late 1993 (Round 7) if they were new Medicare enrollees in late 1992, or late 1994 (Round 10) if they



were new Medicare enrollees in 1993. While survey data on service use and costs were not available for ghosts, complete profiles of Medicare-covered service use by fee-for-service ghosts were available from administrative bill files. To estimate total service use and costs for the entire sample, ghosts were matched to donor beneficiaries in the 1993 file based on common Medicare use profiles. The donor records were used to impute noncovered services for fee-for-service ghosts and all services for Medicare risk HMO ghosts.<sup>4</sup> This imputation process provided estimates of missing cost and use data for the ever-enrolled population in the 1993 Cost and Use summary files.

### **Access to Care or Cost and Use Data?**

The Cost and Use file is more comprehensive than the previously released Access to Care files because it contains the always-enrolled population, as well as persons entering or leaving the Medicare program during the year. The latter group of beneficiaries is essential in producing accurate estimates of total expenditures because it includes beneficiaries who died during the year. Tabulations of Medicare claims for the MCBS sample, for example, show that persons who died in the year represent less than 5 percent of the Medicare population, but they account for more than 15 percent of Medicare payments. On average, persons who died during the year have spending levels over four times higher than persons continuously enrolled for the entire year.

Another difference between the two files relates to the reporting of expenditures on health care. The Access to Care files contain only Medicare-covered service data, even though Medicare has been estimated to cover less than one-half of the average health care expenses of its enrollees (D.R. Waldo, S.T. Sonnefeld, D.R. McKusick, et. al., Summer 1989, "Health Expenditures by Age Group, 1977 and 1987," *Health Care Financing Review*, 10(4): 111-120). The Cost and Use file, in contrast, includes expenditures

on all health care services, whether or not they are covered by Medicare. Two prominent expenditure categories not covered by Medicare are prescription drugs and long-term facility care.

Users whose analyses require the entire Medicare population or all health care services should use the Cost and Use file rather than the Access to Care files. Users who are interested in the continuously enrolled Medicare population or Medicare-covered services only may prefer to use the Access to Care files. In addition, the latter set of files can be used for some types of longitudinal analyses that cannot be performed with cost and use data.

Users are cautioned in mixing data from the two types of files to estimate change over time. For example, 1993 Cost and Use file data on health status should not be compared to 1994 Access to Care file information since the results will be confounded by differences in the two populations. Unless the two files are subset to a common set of sample persons and appropriate weights are assigned, it would be difficult, if not impossible, to determine whether health status had changed over time.

### **Response Rates and Missing Data**

The sample for the 1993 Cost and Use file originally contained 13,580 beneficiaries from Round 1 and 2,350 beneficiaries from Round 4 who survived until 1993, 441 beneficiaries from Round 7 who were not eligible for the original sample because they enrolled in Medicare after the 1993 sampling list was developed, and 312 beneficiaries from Round 10. The overall response rate was 74 percent for a final sample of 12,330 persons. Response rates are shown in Table A-2.

<sup>4</sup> Medicare risk HMO contractors do not submit claims to Medicare. As a result, Medicare does not have a record of covered or noncovered services provided to beneficiaries in these plans.

Table A-2 1993 Cost and Use File Sample Response Rates

Panel	Sample Size	Respondents	Response Rate
Round 1	13,580	9,857	73%
Round 4	2,350	1,790	76%
Round 7	441	371	84%
Round 10	372	312	84%
Total	16,743	12,330	74%

As in any survey, some respondents did not supply answers to all questions. Item nonresponse rates are low in the 1993 Cost and Use file, but analysts still should be aware of missing data. For example, the number of missing responses and item nonresponse rates for several variables are shown in Table A-3.

Table A-3 1993 Item Nonresponse for Selected Variables

Variable	Missing	Percent of Total
Race/Ethnicity	45	0.4%
Education	431	3.5%
Marital Status	22	0.2%
Gender	0	0.0%
Age	0	0.0%
General Health	45	0.4%

Since data for most variables are fairly complete, imputations were kept to a minimum in the 1993 Cost and Use file. Each user can decide how to handle missing data. A simple approach is to delete records with missing data, but the cumulative effect of deleting each record with missing data can significantly reduce the data available for analysis. Other approaches would be to create an

“unknown” or “missing” category within each variable distribution or to assume the distribution of missing data is the same as that of reported data. The latter approach was often used in creating tables for this sourcebook.

Another alternative for handling cases with missing data is to impute the missing values. This approach was used to create complete information on beneficiary income and expenditures for health care in the Cost and Use file. Imputations were performed on these variables because income and expenditure data are key elements of the file. In imputing the expenditure data, all partial information from survey respondents was preserved to the extent possible, and health insurance data from the survey and Medicare administrative files were used to identify potential payers. Analytic edits and hot deck methods were used to estimate missing payments and charges.<sup>5</sup>

## COST AND USE FILE STATISTICS

The 1993 Cost and Use file contains a cross-sectional weight for each of the 12,330 beneficiaries in the data set. These weights reflect the overall selection probability of each sample person, including adjustment for survey nonresponse and post-stratification to control totals based on accretion status, age, sex, race, region, and metropolitan area status. The weights inflate the sample to the ever-enrolled Medicare population in 1993, and were used in producing all tables in this sourcebook. In general, the weights should be used to estimate population totals, percentages, means, and ratios.

### Sampling Error

Sampling error refers to the expected squared difference between a population value (a parameter) and an estimate derived from a sample of the population (a statistic).<sup>6</sup> Because the MCBS is a

<sup>5</sup> The technical appendices in the 1993 Cost and Use file documentation detail the imputation methods used to complete the expenditure data.

<sup>6</sup> This discussion ignores errors caused by factors such as imperfect selection; bias in response or estimation; and errors in observation, measurement, or recording.

sample of Medicare beneficiaries, statistics derived from the sample data are subject to sampling error. The error reflects chance differences between estimates of a population parameter that would be derived from different samples of the Medicare population. Nearly any MCBS estimate of a population parameter (e.g., a percentage, mean, ratio, or count of persons or events) would be affected by the sampling error.

Standard errors have been calculated for all statistics reported in the detailed tables in this sourcebook in order to assess the impact of sampling variability on the accuracy of the estimates. Data from Table 2.1 of this sourcebook, for example, indicate that 15.97 percent of all Medicare beneficiaries are in excellent health. The standard error of this estimate (0.37 percent) can be used to assess its statistical reliability by constructing a confidence interval that would contain the true value of the population parameter with some given level of confidence.

The confidence interval can be viewed as a measure of the precision of the estimate derived from sample data. For example, an approximate 95 percent confidence interval for statistics in this sourcebook can be calculated by using the formula

$$\pi = P \pm 1.96 \times (\text{estimated standard error}),$$

where  $\pi$  is the unknown population proportion and  $P$  is the calculated (weighted) sample proportion. Based on this formula, the approximate 95 percent confidence interval for the estimated proportion of Medicare beneficiaries in excellent health is 15.97 percent plus or minus 0.73 percent. This is a relatively “tight” confidence interval, suggesting that the MCBS data provide a reliable estimate of the true proportion of beneficiaries in excellent health. The chances are about 95 in 100 that the true population proportion falls between 15.24 percent and 16.70 percent.

Another measure of statistical reliability is the relative standard error (RSE) of an estimate. The RSE of an estimate  $x$  is calculated by dividing the standard error of the estimate,  $SE(x)$ , by the estimate, and expressing the quantity as a percent of the estimate, i.e.,

$$RSE = 100 \left( \frac{SE(x)}{x} \right).$$

Using data from the previous example, the RSE of the estimated proportion of Medicare beneficiaries in excellent health is 2.32 percent ( $100 \times (0.37/15.97)$ ). An RSE of this magnitude would suggest that the estimate is statistically reliable. Statistical reliability of an estimate decreases as the RSE increases.

Many of the statistics in this sourcebook are presented by subgroup, some of which are based on relatively small sample sizes. Estimates for these small subgroups can be subject to very large sampling errors. Therefore, it may be desirable in some instances to combine such subgroups with a similar group for analysis purposes. For example, if  $X_s$  is an estimated total for the small subgroup, and  $X_t$  is the corresponding estimate for the group with which it is combined, then the combined estimate,  $X_c$ , is given by  $X_c = X_s + X_t$ , and the standard error of the combined estimate ( $SE(X_c)$ ) can be approximated as

$$SE(X_c) = \sqrt{[SE(X_s)]^2 + [SE(X_t)]^2},$$

where  $SE(X_s)$  and  $SE(X_t)$  are the standard errors of  $X_s$  and  $X_t$ , respectively.



The above approximation applies to estimated totals and should *not* be used for combining estimates of means or ratios. For the latter types of estimates, the appropriate formula must include terms representing the proportion of the population that is represented by each of the two component estimates. For example, if  $Y_s$  and  $Y_t$  are the estimated means for the two subgroups to be combined, then the combined estimate,  $Y_c$ , is given by the formula

$$Y_c = P_s Y_s + (1 - P_s) Y_t ,$$

and the standard error of  $Y_c$  can be approximated by

$$SE(Y_c) = \sqrt{[P_s SE(Y_s)]^2 + [(1 - P_s) SE(Y_t)]^2} ,$$

where  $P_s$  is the proportion of the combined group that is included in the subgroup  $s$ . It should be noted that both forms of the standard error given above are approximations that may understate the true standard error of the combined estimate.

Confidence intervals and relative standard errors can be calculated for all statistics derived from MCBS data (e.g., totals, percentages, means, ratios, and regression coefficients). The following section provides a brief explanation of the method used to compute the standard errors for MCBS estimates.

### Variance Estimation (Using the Replicate Weights)

The standard errors reported in the detailed tables in this sourcebook reflect the complexity of the MCBS sample design. In many statistical packages, the procedures for calculating variances assume that the data were collected in a simple random sample. Procedures of this type are not appropriate for calculating variances for statis-

tics based on a stratified, unequal-probability, multistage sample such as the MCBS. They could produce overestimates or, more likely, underestimates of the true sampling error.

Because the MCBS has a complex design, standard errors in the sourcebook tables were estimated with WesVarPC, a statistical software package that accounts for survey design. Estimates of standard errors from WesVarPC are produced using “replication” methods. The basic idea behind the replication approach is to use variability among selected subsamples, or replicates, to estimate the variance of the “full-sample” statistics. These methods provide estimates of variance and standard errors for complex sample designs that reflect weighting adjustments such as those implemented in the MCBS. Replication techniques can be used where other methods are not easily applied, and they have some advantages even when other methods can be used.

Replicate weights for MCBS data have been computed using Fay's variant of Balanced Repeated Replication (BRR). BRR is generally used with multistage, stratified sample designs in which two PSUs are sampled within each stratum, possibly with unequal probabilities of selection. The replicate samples are half-samples formed by selecting one of the two PSUs from each stratum. For BRR, the weights for units in the selected PSUs in each half-sample are doubled and the weights for units in the nonselected PSUs are set to zero. Each replicate consists of a different half-sample; however, it is not necessary to form all possible half-sample replicates, since the information from all possible replicates can be captured by using a smaller number of “balanced” half-samples. Fay's method is a variant of BRR, in which the sample weights are adjusted by factors between 0 and 2. With a judicious choice of the perturbation factor, Fay's method provides good estimates of standard errors for a variety of statistics. (For more information on Fay's method, see D. Judkins, 1990, “Fay's Method for Variance Estimation,” *Journal of Official Statistics*, 6: 223-240.)



Replicate weights in the 1993 Cost and Use file are named C93WT1...C93WT100. These replicate weights can be used in WesVarPC (the PC version) or WesVar (the mainframe version) to estimate standard errors for MCBS variables. WesVar is available from Westat at no charge. Documentation is provided with the program, and statisticians are available at Westat via telephone to answer questions about WesVar. A copy of WesVar for IBM PCs (WesVarPC) can be obtained by submitting a request to WESVAR@WESTAT.COM. WesVar is also available for an IBM VMS SAS environment or a VAX VMS SAS environment. To obtain copies of the programs and the WesVar Users' Guide, send requests to:

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1650 Research Blvd., Rockville, Maryland 20850-3129  
telephone (301) 251-4232.

An alternative to WesVar is for the user to write a small custom program using a very simple algorithm. If  $X_0$  is an estimate of a parameter of interest formed using the full-sample weights and  $X_1, \dots, X_{100}$  are estimates (calculated by the user) of the same statistic using the corresponding 100 replicate weights, then the estimated variance of  $X_0$  is

$$\text{Var}(X_0) = \frac{2.04}{100} \sum_{i=1}^{100} (X_i - X_0)^2 .$$

A third option is to use another software package such as SUDAAN (Professional Software for SURvey DATA ANalysis for Multi-stage Sample Designs) to compute population estimates and the associated variance estimates. Two variables, SUDSTRAT and SUDUNIT, have been included in the 1993 Cost and Use file for users of SUDAAN.

Additional technical questions concerning WesVar or other aspects of MCBS data and public use files may be directed to:

Adam Chu at Westat, telephone (301) 251-4326, or  
Gary Olin at Westat, telephone (301) 517-4149.

To obtain copies of any of the Access to Care Public Use Files or Cost and Use Public Use Files, send requests to:

Bill Long  
Office of the Actuary, N3-02-02  
Health Care Financing Administration  
7500 Security Blvd., Baltimore, Maryland 21244-1850  
telephone (410) 786-7927.





APPENDIX

# B

## DEFINITIONS OF TERMS AND VARIABLES

**Activities of daily living (ADLs):** Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. If a sample person had any difficulty performing an activity by himself/herself and without special equipment, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

**Arthritis:** The category arthritis includes rheumatoid arthritis, osteoarthritis, and other forms of arthritis.

**Balance billing:** In the Medicare program, the practice of billing a Medicare beneficiary in excess of Medicare's allowed charge is known as balance billing. The balance billing amount is the difference between Medicare's allowed charge and the provider's actual charge to the patient.

**Capitation payment:** A capitation payment is a predetermined, per-member, per-month payment from the Medicare program to risk health maintenance organizations (HMOs) (see *health maintenance organization*). Risk HMOs use the capitation payment to finance all necessary Medicare-covered services provided to Medicare beneficiaries enrolled in the HMO. The amount paid for each Medicare enrollee does not depend on the actual cost of services provided to the individual.

**Chronic conditions:** Chronic conditions consist of heart disease, hypertension (high blood pressure), diabetes, arthritis, osteoporosis, broken hip, pulmonary disease, stroke, Parkinson's disease, and urinary incontinence that occurs once a week or more often.

The question about a condition (except for urinary incontinence) was coded as a positive response if the sample person reported ever being diagnosed with the condition, even if the condition had been corrected by time or treatment. Missing values for this variable were treated differently from other variables. A missing value for any of the conditions was treated as a negative response for that condition.

**Claim-only event:** A claim-only event is a medical service or event known only through the presence of a Medicare claim. The event did not originate from, and was not matched to, an event or service reported by a sample person during an interview.

**Coinsurance:** A coinsurance is the percentage of covered hospital or medical expense, after subtraction of any deductible, for which an insured person is responsible. For example, after the annual deductible has been met, Medicare will generally pay 80 percent of approved charges for services and supplies covered under Medicare Part B. The remaining 20 percent of the approved charge is the coinsurance amount, for which the beneficiary is liable.

**Copayment:** A copayment is a form of cost-sharing whereby the insured pays a specific amount at the point of service or use (e.g., \$10 per doctor visit).

**Cost-sharing liability:** Cost-sharing is the portion of payment to a provider of health care services that is the liability of the patient. Cost-sharing liabilities include deductibles, copayments, coinsurance, and balance billing amounts.

**Deductible:** A deductible is an initial expense of a specific amount of approved charges for covered services within a given time period (e.g., \$75 per year) payable by an insured person before the insurer assumes liability for any additional costs of covered services. For example, from the first day through the 60th day of an inpatient



hospital stay in 1993, Medicare Part A paid for all covered services except for the first \$676. The \$676 constituted the inpatient hospital deductible.

**Dental service:** The basic unit measuring use of dental services is a single visit to the dentist, at which time a variety of services, including cleaning, x-rays, and an exam, might be rendered.

**End-stage renal disease (ESRD):** End-stage renal disease is that state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

**Fee-for-service payment:** Fee-for-service is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

**Functional limitations:** Sample persons who reported no limitations in any of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to health problems were included in the category "none." Sample persons with limitations in at least one IADL, but no ADL, were included in the category "IADL only." Sample persons with ADL limitations were categorized by the number of limitations (1 to 2, 3 to 5) regardless of the presence or number of IADL limitations. Sample persons who were administered a community interview answered questions about their functional limitations themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's functional limitations for long-term care facility interviews.

**Health maintenance organization (HMO):** An HMO provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons, for a fixed capitation payment (see

*capitation payment*). The term "Medicare HMO" includes all types of HMOs that contract with Medicare, encompassing risk HMOs, cost HMOs, and health care prepayment plans (HCPPs). Risk HMOs are paid on a capitation basis to provide Part A and Part B services to Medicare enrollees. Cost HMOs are paid by Medicare on a reasonable cost basis to provide Part A and Part B services to Medicare enrollees. HCPPs are paid by Medicare on a reasonable cost basis to provide Part B services to Medicare enrollees.

**Health status:** A sample person was asked to rate his or her general health compared to other people of the same age. Sample persons who were administered a community interview answered health status questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status for long-term care facility interviews.

**Heart disease:** The category heart disease includes myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, problems with valves in the heart, or problems with rhythm of the heartbeat.

**Income:** Income is for calendar year 1993. It is for the sample person, or the sample person and spouse if the sample person was married in 1993. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income (SSI), interest, dividends, and other income sources are included. This sourcebook categorizes the continuous income variable into nine income classes.

**Inpatient hospital stay:** The basic unit measuring use of inpatient hospital services is a single admission. Inpatient hospital expenses include charges for an emergency room visit that resulted in an inpatient admission. Inpatient hospital events are included in the 1993 cost and use files if the discharge date for the stay was in 1993.

**Instrumental activities of daily living (IADLs):** Instrumental activities of daily living are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person had any difficulty performing an activity by himself/herself, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews. Facility interviewers did not ask about the sample person's ability to prepare meals or perform light or heavy housework, since they are not applicable to the sample person's situation; however, interviewers did question proxies about the sample person's ability to manage money, shop for groceries or personal items, or use a telephone.

**Insurance coverage:** Insurance categories were derived from annual insurance coverage variables in the 1993 Cost and Use files. The annual variables indicate whether a sample person held that type of insurance at some point during 1993. Insurance categories in this sourcebook were constructed to be mutually exclusive by prioritizing insurance holdings. Medicaid coverage had the highest priority; i.e., if a sample person was eligible for Medicaid benefits at some point during 1993, the person was included in the Medicaid category, regardless of other insurance holdings during the year. Enrollment in a Medicare HMO had the second-highest priority, after Medicaid eligibility. Other public health insurance plans, including Veterans Administration eligibility or a State-sponsored drug plan, are distributed across the insurance categories according to the sample person's highest-priority insurance coverage. For example, a person eligible for Medicaid coverage who was also eligible for a State-sponsored drug plan is categorized under "Medicaid."

The categories defined below apply to community residents. Facility residents have only three insurance categories: Medicare fee-for-service only, Medicaid, and private insurance. No distinction was made during the collection of the facility data as to the source of a private health insurance plan. The three insurance categories are analogous to those defined below for community residents. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community insurance status is shown.

- *Medicare fee-for-service only* encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who did not have Medicaid coverage, private insurance, and who were not enrolled in a private or Medicare HMO at any time during 1993. However, sample persons may have had other public insurance coverage, such as a State-sponsored prescription drug plan, or may have been eligible for Veterans Administration health care benefits.
- *Medicaid* encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who were eligible for State Medicaid benefits at some point during 1993, regardless of the person's other insurance holdings.
- *Individually-purchased private insurance* encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had self-purchased private insurance plans ("Medigap" insurance), but did not have Medicaid, private or Medicare HMO, or employer-sponsored private insurance coverage at any point during 1993.
- *Employer-sponsored private insurance* encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had employer-purchased private insurance plans, but did not have Medicaid, Medicare HMO, or self-purchased private insurance coverage at any point during 1993.

Sample persons enrolled in private HMOs, who did not have Medicaid or Medicare HMO coverage at any point during 1993, are also included in this category.

- **Both types of private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had both employer-sponsored private insurance and self-purchased private insurance, but who did not have Medicaid or Medicare HMO coverage at any point during 1993.
- **Medicare HMO** encompasses sample persons enrolled in any type of Medicare HMO, who were not eligible for Medicaid benefits at any point during 1993. The category includes beneficiaries enrolled in Medicare risk HMOs, Medicare cost HMOs, and health care prepayment plans (see *health maintenance organization*).

**Living arrangement:** For community residents, sample persons were separated into mutually exclusive categories: 1) beneficiary lives alone, 2) beneficiary lives with a spouse only, or lives with a spouse and other relatives or nonrelatives, 3) beneficiary lives with his or her children, or lives with his or her children and other relatives or nonrelatives, but does not live with a spouse, or 4) beneficiary lives with other relatives or nonrelatives, but not with his or her children or a spouse. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community residence status is shown.

**Long-term care facility:** The basic unit measuring use of facility services is a "stay" in a long-term care facility. Stays are measured in terms of days of residence in that facility. If the beneficiary was still in the facility at the end of the year, the stay is not complete, but all data for 1993 are present. To qualify for the survey, a long-term care facility must have three or more long-term care beds, and provide either personal care services to residents, provide

continuous supervision of residents, or provide long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. If noted in footnotes, long-term care facility use and expenditures in this sourcebook include short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or created through Medicare claims data. Institutional events are included in the 1993 cost and use files if the discharge date for the stay was in 1993.

**Medicare home health services:** Home health care services are narrowly defined in the MCBS public use files. Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. In the MCBS, home health use represents events where medical care, as opposed to personal care and support, was furnished to the sample person. Medicare pays 100 percent of the approved cost of covered home health visits, and 80 percent of the approved cost of durable medical equipment.

**Medicare hospice services:** Hospice services are narrowly defined in the MCBS public use files. Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits. Hospice services include medical, nursing, counseling, and other supportive services rendered to terminally ill people and their families. Hospice care is intended to be palliative and to improve quality of life rather than to cure disease or extend life. Almost all services provided to the hospice beneficiary are fully covered by Medicare. Two exceptions are prescribed medicines, which may have a small copayment, and inpatient



respite care for which the patient pays 5 percent of the Medicare-allowed rate.

**Missing values:** When amounts (e.g., beneficiary counts or expenditures per beneficiary) are displayed in a table in this sourcebook, sample persons with missing responses or who belong to a category of a variable not shown in the table (e.g., “other” for the variable “race/ethnicity”) are excluded from individual categories displayed, but are included in the total. When column or row percentages are displayed in a table, sample persons with missing responses are assumed to be distributed the same as reported data and are included in the percentages. That is, column or row percentages sum to 100 percent of the column or row total.

**Mobility limitation:** If the sample person had no difficulty at all walking a quarter of a mile, the response was coded as “no.” If the sample person had a little, some, or a lot of difficulty, or could not walk a quarter of a mile, the response was coded as “yes.” The response reflects whether the sample person usually had trouble walking, rather than temporary difficulty, such as from a short-term injury. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

**Outpatient hospital services:** For a survey-reported event, the basic unit measuring use of outpatient services is a separate visit to any part of an outpatient department or outpatient clinic at a hospital. For Medicare claim-only events, it may represent 1) a single visit; 2) multiple procedures or services within one visit; 3) multiple visits billed together. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission.

**Personal health care expenditures:** Personal health care expenditures consist of health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

■ **Total personal health care expenditures** in this sourcebook equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below.

■ **Long-term care facility expenditures** include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported during a community interview or created through Medicare claims data as noted in footnotes.

■ **Medicare expenditures** equal Medicare program payments for fee-for-service beneficiaries, annual capitation payments to Medicare HMOs on behalf of enrollees, and pass-through expenses for inpatient hospital services (see definition below). They exclude reported or imputed charges for individual events reported by Medicare HMO enrollees. Capitation payments were allocated across medical service types in the same proportions as Medicare fee-for-service payments for medical service types.

■ Medicare expenditures for **inpatient hospital services** include pass-through expenses. Medicare’s Prospective Payment System (PPS) for inpatient hospital services pays a fixed, predetermined amount per case. However, this payment excludes some hospital expenses, particularly for capital costs, that are reim-



bursed on a cost basis (i.e., capital costs are “passed through” for payment). In order to calculate total Medicare program payments (actual PPS case payment plus the prorated share of pass-through costs), estimated pass-through costs were added to charges for inpatient hospital events.

■ Medicare expenditures for *long-term care services* consist of payments made by Medicare to long-term care facilities for skilled nursing or skilled rehabilitation services that are not included in any of the other event records.

■ *Medicaid expenditures* consist of payments for services made by State Medicaid programs. Medicaid covers coinsurance amounts, copayments, deductibles, and charges for some non-Medicare covered services not paid for by other public or private insurance plans.

■ *Private insurance expenditures* consist of payments made by individually-purchased private insurance plans and employer-sponsored private insurance plans, plus payments reported by or imputed for sample persons enrolled in private health maintenance organizations. The definition applies to community residents and part-year community/part-year facility residents. For facility residents, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the facility data as to the source of private health insurance plans.

■ *Out-of-pocket expenditures* consist of direct payments to providers made by the sample person, or by another person on behalf of the sample person. These payments are for coinsurance amounts, copayments, deductibles, balance billings,

and charges for non-Medicare covered services not paid for by public or private insurance plans.

■ *Other source expenditures* consist of payments made by other public health plans and private liability insurance plans. For sample persons who resided in the community, examples of other public sources of payment include State pharmaceutical assistance programs and payments for sample persons who received medical services from the Veterans Administration. For sample persons who resided in a long-term care facility, examples of other public sources of payment include payments from State, county, or community departments of mental health, State supplemental assistance and welfare programs, and Black Lung funds.

**Physician/supplier services:** Physician/supplier services include medical doctor, osteopathic doctor, and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment; and nondurable medical supplies. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician’s assistants. For survey-reported events, the basic unit measuring use of physician/supplier services is a separate visit, procedure, service, or purchase of a medical supply or medical equipment. For Medicare claim-only events, it may represent 1) single or multiple visits; 2) single or multiple procedures; 3) single or multiple services; or 4) single or multiple supplies, depending on the number of items bundled together on a single bill.

**Prescription medicines:** The basic unit measuring use of prescription medicines is a single purchase of a single drug in a single container. Prescription drug use is collected only for sample persons living in the community, and does not include prescription medicines administered during an inpatient hospital stay.

**Pulmonary disease:** The category pulmonary disease includes emphysema, asthma, and cardiopulmonary disease.

**Race/ethnicity:** Race and ethnic categories were recorded as interpreted by the respondent. Sample persons who reported they were white and not of Hispanic ancestry were coded as white non-Hispanic; those who reported they were black/African American and not of Hispanic ancestry were coded as black non-Hispanic; persons who reported they were of Hispanic ancestry, regardless of their race, were coded as Hispanic; persons who reported they were American Indian, an Asian or Pacific Islander, or other race and not of Hispanic ancestry were coded as other race/ethnicity. Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Ethnic groups such as Irish or Cuban were not recorded.

**Residence status:** Community residents are Medicare beneficiaries who lived solely in household units during 1993, referred to as “community settings” in this sourcebook, and who received community interviews only. Long-term care facility residents are Medicare beneficiaries who lived solely in a long-term care facility during 1993 (see *long-term care facility*), and who received facility interviews only. Part-year community/part-year facility residents are Medicare beneficiaries who lived part of the year in the community and part of the year in a long-term care facility, and who received both community and facility interviews. When part-year community/part-year facility residents are included in a table, their community status is shown.

**Satisfaction with care:** In section 5 of the detailed tables, “(Very) Unsatisfied” includes a response of either “unsatisfied” or “very unsatisfied.” Sample persons with responses of “satisfied” and “no experience” are not shown in the tables but are included in the total population, which constitutes the denominator for calculating

percentages of persons with a given response. The questions about satisfaction with care represent the respondent’s general opinion of all medical care received in the year preceding the interview.

- **General care** refers to the sample person’s rating of the overall quality of medical care received. Of the 11,077 community-resident sample persons represented in the tables, 6,466 responded they were “satisfied,” and 651 responded they had “no experience.”
- **Follow-up care** refers to the sample person’s rating of follow-up care received after an initial treatment or operation. Of the 11,077 community-resident sample persons represented in the tables, 6,981 responded they were “satisfied,” and 1,644 responded they had “no experience.”
- **Availability** refers to the sample person’s rating of the availability of medical care at night and on weekends. Of the 11,077 community-resident sample persons represented in the tables, 4,279 responded they were “satisfied,” and 5,052 responded they had “no experience.”
- **Ease of access to doctor** refers to the sample person’s rating of the ease and convenience of getting to a doctor from her or his residence. Of the 11,077 community-resident sample persons represented in the tables, 7,594 responded they were “satisfied,” and 474 responded they had “no experience.”
- **Can obtain care in same location** refers to the sample person’s rating of his or her ability to get all medical care needs taken care of at the same location. Of the 11,077 community-resident sample persons represented in the tables, 7,407 responded they were “satisfied,” and 1,227 responded they had “no experience.”

■ **Information from doctor** refers to the sample person's rating of the information given to the sample person about what was wrong with him or her. Of the 11,077 community-resident sample persons represented in the tables, 7,542 responded they were "satisfied," and 670 responded they had "no experience."

■ **Doctor's concern for overall health** refers to the sample person's rating of the doctor's concern for her or his overall health rather than for an isolated symptom or disease. Of the 11,077 community-resident sample persons represented in the tables, 7,348 responded they were "satisfied," and 768 responded they had "no experience."

■ **Cost** refers to the sample person's rating of the out-of-pocket costs he or she paid for medical care. Of the 11,077 community-resident sample persons represented in the tables, 6,862 responded they were "satisfied," and 624 responded they had "no experience."

**Schooling:** Schooling categories are based on the highest school grade completed. Education does not include education or training received in vocational, trade, or business schools outside of the regular school system.

**Smoker:** Smoker categories in this sourcebook are mutually exclusive. Sample persons who had never smoked were categorized as "never smoked." Sample persons who smoked previously but were not current smokers were categorized as "former smoker." Sample persons who reported they currently smoked were categorized as "current smoker." Smoking includes a period of regular smoking of cigarettes or pipes, but does not include use of other forms of tobacco, such as chewing tobacco.

**Social activity limitation:** If the sample person responded that health had not limited her or his social life in the past month, the

response was coded as "no." If the sample person responded that health had limited her or his social life in the past month some, most, or all of the time, the response was coded as "yes." Limitations on social life include limitations on visiting with friends or close relatives, and reflect the sample person's experience over the preceding month, even if that experience was atypical. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

**Source of payment:** See *personal health care expenditures*.

**Survey-reported event:** A survey-reported event is a medical service or event reported by a sample person during an interview. The event may have been matched to a Medicare claim, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

**Upper extremity limitation:** If the sample person had no difficulty at all reaching or extending his or her arms above shoulder level, and had no difficulty writing or handling and grasping small objects, the response was coded as "no." If the sample person had a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response was coded as "yes." The response reflects whether the sample person usually had trouble reaching over her or his head or writing, rather than temporary difficulty, such as from a short-term injury. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.



**Urinary incontinence:** If the sample person had lost urine beyond his or her control at least once during the past 12 months, the response was coded as “yes.” If the sample person was on dialysis or had a catheter, the response was coded as missing.

**User rate:** A user rate is defined as the percentage of beneficiaries with the given characteristics who used at least one of the relevant services during calendar year 1993. For example, the dental services user rate for persons age 85 or older who had Medicaid coverage is equal to the number of beneficiaries age 85 or older with Medicaid coverage who had at least one dental visit in 1993, divided by the total number of persons age 85 or older with Medicaid coverage.

**Usual source of care:** If the sample person responded that he or she did not have a particular medical person or clinic where he or she usually went for care or advice about health, the response was coded as “none.” If the sample person responded that he or she did have a usual source of care, the sample person was questioned about the type of place. “Other clinic/health center” includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a doctor, care in a Veterans Administration facility, a mental health center, or other place not included in the listed categories.









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